

**A STUDY ON**  
**DIAGNOSTIC METHODOLOGY**  
**OF**  
**VAADHA KARAPPAN**  
**IN THE CONTEXT OF ENNVAGAI THERVUGAL**  
*Dissertation Submitted to*

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&

**THE DEPARTMENT OF PSYCHIATRY, TIRUNELVELI MEDICAL COLLEGE**



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## **AIM AND OBJECTIVES**

### **AIM**

A study on diagnostic methodology of Vaadha Karappan in the context of Ennvagai Thervugal.

### **OBJECTIVES**

- To have a detailed literary review on Vaadha Karappan in the topics definition, aetiopathogenesis and classification from various siddhar's text.
- To evaluate the aetiology Karappan Pandangal (allergic food stuffs) in Siddha & Modern.
- To study the pathogenesis of Vaadha Karappan in the context of Udar Dhaathukal and Uyir Dhaathukal.
- To differentiate Vaadha Karappan from other types as in siddhar Yugi Munivar's text.
- To find the actual explanation of Karappan and Kuttam in Siddha science.

## INTRODUCTION

Siddha Medicine since 5000 years is the very oldest system of medicine in India. It is being used in every houses of South India and it went under the name of “Ayurvedha” to the North. Siddha system of medicine has its own unique doctrines in explaining etiological factors of diseases, Pathogenesis in the form of three humour vitiation and seven bodily humour derangements, Diagnosis, Line of treatment and internal, external treatment procedures.

Many medicines are available in Siddhar’s text which can cure the upcoming diseases. At the same time, diagnosis of disease was given the prime importance and this is proved by a quotation of Thiruvalluvar.

*“நோய்நாடி நோய்முதல்நாடி அது தணிக்கும்  
வாய்நாடி வாய்ப்பச் செயல்”*

Siddhars have explained the philosophy of the world creation. There are two powers Sivam and Sakthi. Their actions are believed to be the happenings of the world. There are five elements out of which, each and everything in the world is made. They are,

1. Earth - மண்
2. Water - நீர்
3. Fire - தீ
4. Gas - வாயு
5. Ether - ஆகாயம்

Each matter in the world is present in Thoola form (gross state) and Sookuma form (subtle state).

On subsequent processings, Mukgunangal (Sathuva, Raso, Thamasa) evolved. These charecters are exhibited in each and everything.

Our body is classified by Siddhar's as

1. பருவுடல் - இன்ப உடல்
2. சூக்கும உடல் - ஆன்ம உடல்
3. காரண உடல்

பருவுடல் - Gross Body is made out of bones, muscles, tissue, blood vessels, tendons

It receives all joys of the world.

சூக்கும உடல் - Subtle body.

It is the reasons for formation of Gross Body.

- It is present within gross body.

- It is filled with internal power and only on self realisation one can feel this state.

காரண உடல் - Apart from the state of gross and subtle body.

It is equivalent to super natural power.

Everything in this world is made up 96 Thathuvams. Various texts have classified them into groups. For the better understanding of Siddha physiology it essential to know the functions of 96 Thathuvams.

The classification according to Yugi Vaidhya Cinthamani is as follows.

First group	-	30
Second group	-	30
Third group	-	36
<b>Total</b>	-	<b>96</b>

The functions of Thathuvams are

**பூதம் - 5 – Element**

மண்	-	பிருதிவி	-	Earth
நீர்	-	அப்பு	-	Water
தீ	-	தேயு	-	Fire
வளி	-	வாயு	-	Gas
விசம்பு	-	ஆகாயம்	-	Ether

All the things to either living or non-living is made up of these five elements.

**பொறி -5- Sense organs**

மெய்	-	skin
வாய்	-	tongue
கண்	-	eye
மூக்கு	-	nose
செவி	-	ear

These sense organs senses the stimuli from external environment.

This brought out by the five elements.

**புலன் - 5 - Senses**

சுவை	-	taste
ஒளி	-	vision
ஊறு	-	touch
ஒசை	-	sound
நாற்றம்	-	smell

These are the senses which the body feels.

**கன்மேந்திரியம் - 5 – Motor organs**

கை	-	hand
கால்	-	leg
வாய்	-	mouth
எருவாய்	-	anal region

கருவாய் - external genitalia

All the motor actions of the body are exhibited through these organs.

#### **கன்மவிடயங்கள் - 5 – Motor functions**

கொடுத்தல் - giving

நடத்தல் - moving

சொல்லல் - speaking

மகிழ்தல் - enjoying

விடுத்தல் - passing of motion, urine

All the motor functions of the body fall under this category.

#### **அந்தகரணங்கள் 4**

மனம்

புத்தி

சித்தம்

அகங்காரம்

These are one's own internal power of thinking.

#### **அறிவு – 1 – knowledge**

Knowledge of one to analyse good and bad.

### **SECOND GROUP**

#### **நாடி – 10 – Life channels**

இடகலை

பிங்கலை

சுழினை

சிங்குவை

புருடன்

காந்தாரி

அத்தி

அலம்புடை

சங்கினி

குகு

These are the life channels, through which energy flows.

**வாயு – 10 – Energy forces.**

பிராணன்

அபானன்

வியானன்

உதானன்

சமானன்

நாகன்

கூர்மன்

கிருகரன்

தேவதத்தன்

தனஞ்செயன்

All these 10 energetic forces perform the various physiological functions within the body.

**ஆசயம் - 5 – System's dwelling place.**

அமர்வாசயம்

பகிர்வாசயம்

சலவாசயம்

மலவாசயம்

சுக்லாசயம்

The various physiological functions are carried out from those places named Aasayams.

**கோசம் - 5 – Functional places**

அன்னமயகோசம்

பிராணமயகோசம்

மனோமயகோசம்

விஞ்ஞானமயகோசம்

ஆனந்தமயகோசம்

The various functions of the body.



## THIRD GROUP

### ஆதாரம் - 6 – Energy pools (Chakras)

மூலாதாரம்

சுவாதிட்டானம்

மணிப்பூரகம்

அனாகதம்

விசுத்தி

ஆக்கினை

The energy is stored in these places and it has specific functions.

### மண்டலம் - 3

தீ மண்டலம்

ஞாயிறு மண்டலம்

திங்கள் மண்டலம்

### மலம் - 3 – Soul's waste

ஆணவம்

கன்மம்

மாயை

These wastes should be eliminated from us.

### தோடம் - 3 (Vitiated humours)

வளி

அழல்

ஐயம்

Vitiated humours reason for the disease.

### ஈடனை - 3 Desires

பொருட்பற்று

மக்கட்பற்று

உலகப்பற்று

The three major desires of a human.

### **குணம் - 3 – Character**

சத்துவ

இராசத

தாமச

The three types of characters.

### **வினை – 2 – Happenings**

நல்வினை

தீவினை

### **இராகம் - 8 – Psychological states of mind.**

காமம்

குரோதம்

உலோபம்

மோகம்

மதம்

மாற்சரியம்

இடும்பை

அகங்காரம்

### **அவத்தைகள் - 5 – States of mind**

நனவு

கனவு

உறக்கம்

பேருறக்கம்

உயிர்ப்படக்கம்

The five states of mind.

The pathology of many disease as per Siddha is through the three humours.

Vaadham	}	Uyir Thaathukal
Pitham		
Kabham		

- Each humour has 6 properties and its increased or decreased function results in disease.

The vitiated humour affects the seven bodily humours. The are,

1. Saaram	}	Udar Thaathukal
2. Cenner		
3. Oon		
4. Kozhuppu		
5. Enbu		
6. Moolai		
7. Sukkilam / Suronitham		

These are bodily humours affected by Vaadham, Pitham and Kabham. The seven bodily humours exhibits increased or decreased functions out.

Being credited by Department of Noi Naadal the author wanted to establish the diagnostic methodology of the Vaadha Karappan through Ennvagai Thervugal.

Naa, Niram, Mozhi, Vizhi, Malam, Moothiram, Sparisam and Naadi these are the physician's tools in diagnosing the disease. The changes found in the above said features will be taken as signs of the disease and they are documented to generate "Ennvagai Thervu", an effective tool in disease diagnosis.

## ELUCIDATION ABOUT VAADHA KARAPPAN

In the book Yugi Vaidhiya Cinthamani, Vaadha Karappan has been described as follows.

### வாதக்கரப்பான்

“கொள்ளவே உடம்பெல்லாம் வெதுப்பாய் நொந்து

குடைந்துமே மிகச்சுரந்து வீக்க மாகும்

விள்ளவே தேகமெல்லாம் புண்போல் நொந்து

வெடித்துமே புண்ணாகும் விரல்கள் சந்து

முள்ளவே முடங்கியே நரம்பு தானும்

மொழிகள் பக்க மிக்கஇட மிகவு லர்ந்து

மள்ளவே மேனியது வறண்டு காணும்

வாதமாங் கரப்பான்றன் வண்மை தானே”



ஆதாரம் : யுகி வைத்திய சிந்தாமணி

பாடல் எண் : 767

### வாதம்:

உந்தியின் கீழ் பிறந்து உடம்பு முழுவதிலும் பரவி சுவாசம், பசி, தாகம் முதலியவைகளுக்கு ஆதாரமாக இருந்து பல விகாரங்களை ஏற்படுத்திக் கொண்டிருக்கும் முப்பிணிகளில் ஒன்று.

One of the three humours occupying the region below the navel. It is responsible for all movements in the body. It spreads throughout the body and causes respiration, hunger, thirst without itself undergoing any change.

## கரப்பான்

சொறி, புண் முதலியவைகளின் வகை

The name for any eruption or other skin disease such as rash, eczema.

சாதாரணமாய் குழந்தைகளுக்கு உடம்பில் எப்பாகத்திலாவது நெருக்கமாக உண்டாகும் கடுகைப் போன்ற குருக்கள், கடைசியாக இக்குருக்கள் திரண்டு மஞ்சள் அல்லது கபில நிறமான பருக்களை உண்டாக்கும்.

Eruptions common in children, spreading over any part of the body in clusters of light coloured papules each of size of a mustard seed. It terminates in large light yellowish or brown scabs.

உடம்பெல்லாம்	- உடம்பு - Body
வெதுப்பாய்	- வெதுப்பு – வெப்பம் - gentle heat உஷ்ணம் - Warmth
நொந்து	- பலவீனம் - Weakness due to severe pain
குடைந்துமே	- குடைந்து – குடைதல் - feeling of continuous boring pain as in rheumatism.
மிக	- excess – more
சுரந்து	- சுரத்தல் - இடைவிடாது சொரிதல், உண்டாதல், ஊறுதல் - formation
வீக்கம்	- ஊதல் - swelling பூரிப்பு - tumefaction
தேகமெல்லாம்	- தேகம் - உடம்பு - the physical character of body.
புண்போல் நொந்து	- pain as in ulcer
வெடித்துமே	- வெடித்தல் - பிளத்தல் - being split, being cracked
புண்	- ulcer
விரல்கள்	- finger

சந்து	- மூட்டு (அ) பொருத்து - joint பிளப்பு - gap வெடிப்பு - fissure
முடங்கியே	- முடங்கல் - தடைபடுதல் - being hindered
நரம்பு	- நாடி - artery காரிரத்த குழல் - vessels carrying black blood, vein உடலிலுள்ள குழாய் - any duct in the body
மொழிகள்	- மொழி - voice, language மொளி - joints மொழு - வீக்கம் - rheumatic swelling

- மொழிகள் என்பதற்கு பதிலாக மொளிகள் என்றிருந்திருக்க வேண்டும்.

பக்கமிக்க இடம்	- adjacent sides
உலர்ந்து	- காய்ந்து, வாடி - dryness
மேனி	- உடல் - body நிறம் - colour சர்மம் - healthy skin
வறண்டு	- வறட்சி - dryness
வண்மை	- அழகு - beauty குணம் - quality, property

The above versus gives the following meaning,

“கொள்ளவே உடம்பெல்லாம் வெதுப்பாய் நொந்து  
குடைந்துமே மிகச்சுரந்து வீக்கமாகும்”

The inflammatory skin lesions all over the body is interpreted from these lines.



“விள்ளவே தேகமது புண்போல் நொந்து  
வெடித்துமே புண்ணாகும் விரல்கள் சந்து  
முள்ளவே முடங்கியே நரம்பு தானும்”

The inflammatory skin lesions followed by weeping pustules in the fingers, joints and the tortuous veins of the lower limbs.

“மொழிகள் பக்க மிக்க இடமிக வுலர்ந்து  
மள்ளவே மேனியது வறண்டு காணும்  
வாதமாங் கரப்பான்றன் வன்மை தானே”

On later stages, the adjacent sides of the joints gets dried up and the whole body presents with dry skin.

### **Summary**

We can conclude that Vaadha Karappan has entirely an inflammatory skin disease which on initial stages shows weeping pustules nearer the joints of hand and legs. On later stages showing dryness of skin.

# REVIEW OF LITERATURE

The definition, types, aetiopathogenesis of disease Karappan from various Siddhar's text has been described below.

## Definitions

### Definition for Karappan from Agathiyar Rana Nool,

“எண்பது கரப்பான தன்மையியம்பிடுமாறு கேளீர்

நண்பிடும் வாதம் பித்தம் நலங்கெட்டுத் தானம் வீங்கும்  
புண்படுங் கரப்பான் சந்து புலைந்துடல் கடுத்து நேர்கும்  
குண்புடம் வெடித்து சூலை வருவது ரணமீதென்னெ”

“உளைஞ்சுமே வயிறுதான் சீதங்காணும்

உஷ்ணமாய் மூத்திரந்தா முருங்கிவீழும்  
அனைஞ்சுமே யங்கமெல்லாம் சொரியுண்டாம்  
அழலாக வெதும்பலாயக் காக்காணோவும்  
புகைஞ்சு மேனிங்கத்திற் புண்போலருக்கிப்  
பொடிப் பொடியாய் சுண்ணாம்பு கற்போல் வீழும்  
களைஞ்சுமே நீரோடு மலமுஞ்சிக்கும்  
கசியுமே கரப்பானாம்”

### Definition for Vaadha Karappan from Agathiyar 2000

“வீங்குங்குத்தி மிகவுழையும். விடாமல் திமிர்த்து வீங்கி நிற்கும்  
மாங்கப் புண்ணிற் சலம் விழுந்தால துவந்தினவுஞ் சென்றி செய்யில்  
நீங்குச் செவ்வெ தீராது நெடுநாட்படவே மசகி நிற்கும்  
தேங்கச் சுட்டுப் புகைத்துவிடத் தீரும் வாதக்கரப்பனதே”

## Definition for Vaadha Karappan from Segarasa Vaithiyam

“உடம்பெல்லாம் வெதும்பி நொந்து உளைந்துகால் சந்துகைக  
எரிடங்களிற் சுரந்து வீங்கி யிருந்துபின்னு வாதியாகி  
முடங்கியெ வரண்டு தோன்றி முற்றியே வெடித்துப் புண்ணாம்  
இடங்கொடாக் கரப்பன் வாத குணமிதென்றியம்பலாமே”

“சந்துதான் மொழிபொருத்துத் தானங்க ளுந்துவீங்கி  
வந்துதான் புண்போற்காயம் வருந்ததியேயிருந்து வாடி  
நொந்துதான் கனத்துவற்றி நோவுடன் சொறியுண்டாகும்  
இந்த நோய் தானும் வாத கரப்பனென்றியுண்டாகும்”

“இருந்தெழுந்திருக்கும் போது மியற்றுங்கால்கரங்கள் சந்து  
வருந்திடத் திமிர்ந்து வீங்கி வரண்டிடிவ் வெடித்துப் புண்ணாம்  
திருந்தியவங்கந்தானும் செயமறப் பொருமாகில்  
வருந்துமிக் குணங்கள் கண்டால் வாதமாங்கரப்பானாமே  
நொந்துதான் கனத்துமிக்க நோவுடைப் புண்கள் தன்னில்  
வந்துவல்லாயுதங்கள் வருவறத்தைத் திடத்தில்  
சந்துதாழ் மொழிபொருதவசைவு தானங்களாகிற்  
வந்துதான் தொடுக்குஞ்சேதி வாதமாங்கரப்பானாமே”

“கண்ணுந்தாங்கி நடுவுத்தி கனத்துச் சுரந்து லெதும்புமுடல்  
நண்ணுந்துடையுங்கனதிமிராய் நைந்தேதலையுங் கிறுகிறுக்கும்  
மண்ணிற் பிறந்தோர் தங்களிடம் வந்தே வருந்தமயக்கிடுகில்  
எண்ணி வாதகரப்பனென இதுவும் போலாமென்றார்”

“வீங்குங்குத்தும் மிவுளையும் விடாமற்றிமிர்த்து வீங்கிநிற்கும்  
ஏங்குப்புண்ணிற்சவம் எழுத லிதுவுந்தினவு சொறிவுசெய்யும்  
நீங்கிச் செவ்வேதீராது நெடுநாட்படவே யோடுவிக்கும்  
தேங்கச்சுட்டுப் புகைத்துவிடத் தீரும் வாதகரப்பானிதே”

## Types

The various other siddhar's classifications are as follows.

### Classification as in Guru Naadi Saasthiram 235.

“படுவன் முப்பத்திரெண்டு பருவெறு நாற்பத்தொன்று  
முடுகிடும் விஷபமாறு மூன்று மோவுசி மூன்றுள்  
திரிகடும் பீளி மூன்று சிரசினிற் சிலந்தி கொல்லில்  
கடுகிடுமைடம் பத்தாறு கரப்பானு மெண்பத்தைந்து

கரப்பான் - 85

### Classification as in Rathinachurukka Naadi,

“நாளடா நாற்பது நாலு நாறு  
நயமுடனே நாற்பத்து எட்டுரோகம்  
பாரப்பா வாதமது எண்பத்து நாலு  
பருக்கவெ பித்தமது நாற்பத்து எட்டு  
தாரப்பா சேத்துமங்கள் தொண்ணுற்றாறு  
பீலியுடனுறு வசிய மஞ்சதாகும்  
பொரிகரப்பான் தொன்னாறு கெண்டை பத்து”

கரப்பான் - 90

### Classification as in Pathinen Siddhar Balavagadathiratu

“செங்கரப்பான் அனல் கரப்பான் தானும் மண்டைச்  
சிரங்கு பண்ணும் அரிகரப்பான் பொரி கரப்பான்  
அங்கமதி லெழுகரப்பான் தானுமிக்க  
அளராம் உதி ரக்கரப்பான் கட்டியோடு  
பொங்கமாய் வீங்கி கரப்பானுந் தான  
புகலரிய சட்டை தடி வெடி கரப்பான்  
சிங்கமுக எரிகரப்பான் வாத பித்த  
சேத்துமத்தோட கரப்பான் பதினெட்டாமே”

கரப்பான் - 18

## Classification as in Segarasa Vaithiyam

“செப்பபுவாதக் கரப்பான் சேர்வரட்சிக் கரப்பன்  
வெறுப்புறும் பெருங்கரப்பன் விரற்றிமிர்வாதமென்னும்  
கறுப்பு கரப்பனோடு கபாலத்திற்சேர் கரப்பன்  
தப்புறு விஷபாகத்திற் சார்ந்திருடுங்கரப்பானாமே  
கரப்பறுபுடைகரப்பன் கரந்து கெண்டைக் கரப்பன்  
தூரப்புறு சொறி கரப்பன் தூங்கிடுகரப்பானோடு  
நிரப்பவீங்குக் கரப்பன் நீண்டிடுவெடிக் கரப்பன்  
அரிப்புறுகரப்பானோடு அடர்காணாக்கடிக் கரப்பன்  
கடித்திடு செங்கரப்பன் கருதுமூலக் கரப்பன்  
அடுத்தசுகுணி கரப்பன் அழற்று கொள்ளிக் கரப்பன்  
துடித்த கொப்புளக்கரப்பன் தோன்றுகண்டக் கரப்பன்  
நெடுத்தற் கரப்பனோடு நீள்பொத்திக் கரப்பானாமே  
ஆகுங்காதிற் கரப்பனாமிருபத்து மூன்றில்  
வாகுறு குணங்களொடு மருவிடுமருந்துஞ் சிங்கைச்  
சேகராரிய கோனான செகராசசேகரன்றன்  
ஓகைசேர்ந்திடுவதற்கா யுலகினர்க் குரைத்ததாமே”

கரப்பான் - 23

## Classification as in Agathiyar 2000,

“விளிம்பிடு வாதநோவு எண்பத்து நாலுமிக்க  
உள்ளங்களி சள்ளிமுப்ப தோங்குடல் வாயுமெட்டு  
கழங்கமு முப்பத்தேழு கரப்பது மறுபத்தாறு  
தனங் கொள்ளிப் புருதி நாலு சாற்றுனை குறுவையெட்டே”

கரப்பான் - 66

## Classification as in Agathiyar Rana Nool,

“எண்பது கரப்பான் தன்னை யியம்பிடுமாறு கேளீர்

நண்பிடும் வாதம் பித்தம் நலம்கெட்டுத்தானம் வீங்கும்

புண்பிடும் கரங்கள் சந்து புலைந்துடல் கடுத்து நோகும்

வன்மையுடன் வெடித்து சூலை வருவது ரணமீதென்னே”

கரப்பான் - 80

## Classification as in Pararasasegaram

1. வாத கரப்பான்
2. வாயு வாத கரப்பான்
3. வாதக்கரப்பான் சூலை வாயு
4. ஓடு கரப்பான்
5. வாதக்கரப்பான் சூலை
6. விஷபாக வாதக்கரப்பான்
7. கண்டக சூலை கரப்பான்
8. கபாலக சூலை கரப்பான்
9. செங்கரப்பான் கரப்பான்
10. மூலகரப்பான் சூலை
11. அக்குனி கரப்பான்
12. கொள்ளி கரப்பான்
13. கற் கரப்பான்
14. மொத்தி கரப்பான்
15. காதில் கரப்பான்
16. ஊது கரப்பான்
17. சொறி கரப்பான்
18. அரி கரப்பான்
19. வெடி கரப்பான்
20. புடை கரப்பான்
21. காணாக்கடி கரப்பான்

கரப்பான் - 21



### **Another classification as in Pararasegaeam**

1. வாத கரப்பான்
2. வாதபித்த கரப்பான்
3. வாதபித்த சிலேத்தும கரப்பான்
4. பித்த சிலேத்தும கரப்பான்
5. பித்தவாத கரப்பான்
6. வறட் கரப்பான்
7. கரப்பான் வீக்கம்
8. கண்டகிரந்த கரப்பான்

கரப்பான் - 8

### **Another classification as in Segarasa Vaithiyam**

1. கபால வளி கரப்பான்
2. கபால அழற் கரப்பான்
3. கபால ஐய கரப்பான்
4. கபால கருங்கரப்பான்
5. கபால செங்கரப்பான்
6. கபால வெண்கரப்பான்

கபால கரப்பான் - 6

This is the classification given in the book Aruvai Maruthuvam.

### **Classification as in Roga Nirnaya Saaram ennum Roga Nidhanam,**

- |                    |                             |
|--------------------|-----------------------------|
| 1. கருங்கரப்பான்   | 2. செங்கரப்பான்             |
| 3. வறட்சி கரப்பான் | 4. வரி கரப்பான்             |
| 5. அரி கரப்பான்    | 6. சொறி கரப்பான்            |
| 7. ஊது கரப்பான்    | 8. ஆனந்த கரப்பான்           |
| 9. பால கரப்பான்    | 10. மண்டைக்கரப்பான்         |
| 11. சூலைக்கரப்பான் | 12. வாத கரப்பான்            |
| 13. பித்த கரப்பான் | 14. வாத செவ்வாப்பு கரப்பான் |

15. பித்த செவ்வாப்பு கரப்பான் 16. கப செவ்வாப்பு கரப்பான்

17. தாலுபாகம் கரப்பான் 18.சடை கரப்பான்

கரப்பான் - 18

## Classification as in Sarabendrar Vaithiya Muraigal

### Virana Roga, Karappan Roga Sikitchai

1. வாத கரப்பான்
2. வறள் கரப்பான்
3. மண்டை கரப்பான்

கரப்பான் - 3

## Pathogenesis

Pathogenesis of Vaadha Karappan from various texts

### Pathogenesis of Karappan from Guru Naadi Nool,

“உட்டிணமே அதிகம் வருமிந்திரிய போகத்தா

லானுருகி யத்தியிலே வேவு கொண்டு

நட்டணமாய் வெந்த தொரு மச்சை தன்னில்

நாட்டமிட்ட கிருமியதுயணுகும் போது

மட்டுடனே கிருமியெல்லாம் பறந்தங்கேறி

வகையுடனே மாங்கிஷத்தைத் துளைத்து மேவும்

திட்டமுடன் விட கரப்பான் பறந்து மேலே

தினவுடனே பரபரத்துச் சொறியுண்டாமே”

“வயல்தனிலே பூநாக மண்ணைத் தானே

வருந்தியது புத்துப் போலவத்தை யாகும்

பயல்மொழியீர் தேகத்தில் கிருமி தானே

பரந்துருகி குட்டம் போல் புள்ளிகாணும்  
மயலதுவுங் கிருமியுந்தான் நடந்து புக்கில்  
மேனியது சரசரென வெடித்துப் புண்ணாம்  
கயல் பெருகும் குழல் மடவீர் சொல்லக் கேளீர்  
கரகரத்துச் சொறி பெருகுங் கரப்பான் தானே”

### **Pathogenesis of Karappan from Pararasasegaram,**

“வாதபித்தங் கபமிவை முன்றவர்  
றேது வால்வெளி வால்மிடி யாவினர்  
கோதை யாரடிய பார்வையர் வாற்குளிர்  
பேத நிரிவை யாலுன பேசுகேள்  
வேகக் காற்றதினர் பனை வெல்லத்தால்  
பாக மிக்கலான மேதிப் பாவெய்யலால்  
தாகமானி வருக்க திசாதலால்  
போக வாழை வழுதலை முள்ளிக்காய்  
காயும் பல்விடத் தாற்சுரத் தாற்களில்  
எயும் வண்டெலி யால்வருமே துவெளி  
குடி நல்லறிவான எருவினார்  
யனமான கரப்பான் வகைகளே”

### **Pathogenesis of Vida Karappan from Guru Naadi Nool,**

“குட்டமது விட கரப்பான் விடநீர் சூலை  
சுரோணிதத்தால் தாதுகெட்டுத் தடிப்புண்டாகும்  
மட்டறமே கிருமி சென்று மருவும் போது  
வகையாய்க் கிருமியுடவிடநீர் சென்று  
குட்டமுடன் தேகமெல்லாம் பறக்கும் போது  
குழிகுழியாய்க் கிருமியினீர் கொள்ளும் புள்ளி  
தட்டறவே கிருமியுட நீரால் வந்து  
சகல குட்டம் விட கரப்பான் சாற்றலாமே”

## Pathogenesis of Karappan from Agathiyar Kanma Kaandam 300,

“உண்மையென்ற கரப்பானோடு வண்டுகடி குட்ட  
முகிலுள்ளோர்க் கிதுவந்த வுண்மைக்கேளு  
தண்மையென்ற தில்லாம டிஓதாசினங்கள் பேசங்  
கற்குவைத் தூடனிந்த சண்டாளத்தால்  
வண்மையென்ற வழியிலே முள்ளிட்டு வைத்தல்  
மரந்தழைகள் பூவுதிர வடித்த பாலம்  
பெண்மயிலே வண்டுகடி விடமுஞ் சேர்த்து  
பிலத்த சொரிகுட்டமது பிலத்த வாறே”

### Fate of the disease

Siddhars didn't fail to explain the fate of the disease. They have coined certain terms such as Theerum Kuri, Theera Kuri, Asathiyam and Marana Kuri. All these terms explain the fatality of the disease.

The fatality of Karappan is explained in the following versus by Yugi Munivar.

“முர்க்கமாம் சாத்தியத்தை மொழியக் கேளாய்  
மொழிகின்ற வாதகரப் பன்றன் னோடு  
ஊர்க்கமாம் பித்தகரப்பானு மாகும்  
உயர்கின்ற வறட்சியாங் கபாலக் கரப்பான்  
தார்க்கமா யிதுநாலுஞ் சாத்தியமாம்  
தளுக்கான திமிர்வாதக் கரப்பான் கண்டம்  
தீர்க்கமாஞ் சேட்பகரப் பன்றன் னோடு  
செப்பியதோரிது முன்று மசாத்ய மாமே”

He explains Vaadha Karappan, Pitha Karappan, Kabala Karappan, Varatchi Karappan can be cured through proper treatment.

The remaining Thimir Vaadha Karappan, Silethuma Karappan and Kanda Karappan are considered to be cured rarely. They may go fatal even.

# DETAILED PATHOLOGICAL VIEW OF THE DISSERTATION TOPIC AETIOLOGY

The Aetiology of Karappan from Yugi Vaidhiya Sinthamani.

“ஏழாந் கரப்பாநிற் பத்தி கேளாய்

ஏற்ற மாசிங்கள் புசிக்கையாலும்

கூழாந் கம்புதினை வரகு சாமைக்

கொடிதாந் கிழங்குவகை யருந்தலாலும்

பாழாந் பெண்மாயை தன்னிற் சிக்கும்

பாங்காந் விரகத்தாந் முயற்சி யாலும்

தாழாந் பண்டங்கள் சமைத்திடத் தின்னல்

தாகமே கரப்பாந்நன் சாயல் தானே”

“சாயலாய்த் தனக்குத் தான் மூத்த பெண்ணைத்

தாவினோர் தாழ்ச்சியாஞ் சாதி தன்னில்

காயலாய்க் கலந்துண்டோர் கலகஞ் செய்தோர்

கற்புடைய மங்கையரைக் கருதி னோர்கள்

வாயலாய் வாழ்மரத்தை வெட்டினோர்கள்

மருத்துவர்கள் வண்ணார் நாவிதர்கள் கூலிக்

கூயலாய்க் கொடாதோர்கள் குருநிந்தித்த

கொடும்பவீ கரப்பாநிற் குறிகொள் வாரே”

➤ யூகி வைத்திய சிந்தாமணி

The aetiology of the disease may be grouped into two as

1. Dietary factors
2. Psychosocial factors

## Dietary factors

- Intake of more meat
- In take of more millet porridges
- Intake of harmful root tubers other than edible ones
- Intake of putrid rotten foods



### **Psychosocial factors**

- Violation of marriage laws
- Friendship of Immoral persons
- Troublesome Nature
- Cutting live trees
- Not paying doctors, laundrymen and barbers
- Curses of Gurus

All these factors affects Kabham and disturbs its function then carried by decreased Pitham and exhibited out through Vaadha humour.

### **AETIOPATHOGENESIS OF VAADHA KARAPPAN**

#### **Dietary factors**

More amount of Meat, Millets, root tubers and putrid rotten foods when taken in more amount, they fail to get digested by Pitham humour. This results in formation of Mandham.

And also we know that Mandham is the prime cause for the course of the diseases.

#### **Psychosocial factors**

These factors strongly affect Manonmayakosham. Manonmayakosham is composed of Manaman and Gnanendriyam. Thus mind and skin are interrelated with each other.

Many mental disabilities have their impact over the skin. This is in recent years known as **Psycho Dermatology**.

## **PATHOGENESIS OF VAADHA KARAPPAN**

Any disease to the body as per Siddha system affects seven bodily humours and the three vital humours. These humours may be altered from its functions. This is the pathology in Siddha.

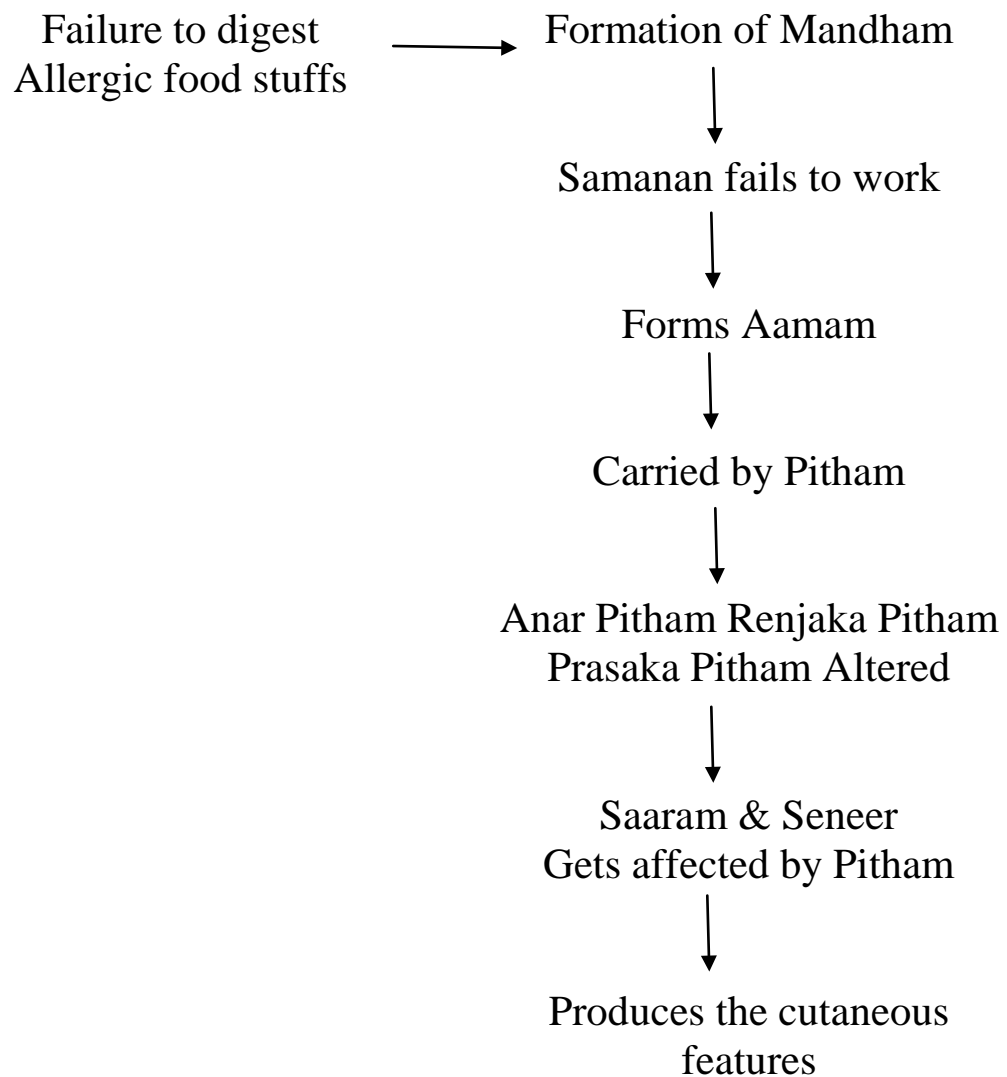
For the disease Vaadha Karappan failure to digest allergic food stuffs and the disturbed mind results in improper digestion producing Mandham. The Vaayu Samanan joins with Mandham resulting in the formation of aamam. This aamam disturbs the functions of Pitham. Improper digestion is due to reduced function of Anar Pitham.

Renjaka Pitham & Prasaka Pitham's functions are lost resulting in loss of colour & complexion of the skin. Saaram and Seneer Thaathu are affected by Pitham and these Thaathus are responsible for cutaneous manifestations of the skin. The Vaadha humour exhibits the features of the disease in skin.

Thus, it is clear Kabham being the prime humour for the disease decreases the functions of Pitham. This in turn affects Vaadha humour and the disease is exhibited by Vaadha humour.

All the 3 humours are deranged in their functions.

## Schematic Sketch of Pathogenesis



# THEORETICAL VIEW OF THE DISSERTATION TOPIC

## EMBRYOLOGICAL ORIGIN OF SKIN

### I. In Siddha Science

During the course of development of Foetus, formation of skin occurs by element Earth.

“பாரப்பா பூதமைந்து மண்நீர் தேயு

பரிவாயு வாகாய மைந்தி னாலே

சேரப்பா சடமாச்சு மண்ணின் கூறு

செறிமயிர்தோல் என்பிறைச்சி நரம்பைந் தாகும்”

➤ சதகநாடி

மண் + தீ = தோல்

Origin of skin occurs by combination of Earth and Fire.

So the skin has the properties of Earth and Fire elements.

### II. In Ayurvedha

In the text of Ashtanga Hirthayam under “Anga Vibaha Saariram”, the skin is described as,

பஞ்சபூதமயமான தேகத்தில் தாதுக்களின் சூட்டினால் பக்குவம் செய்யப்படுகிற இரத்தத்திலிருந்து 7 வகையான சர்மங்கள் “பாலிலிருந்து ஆடை உண்டாவது போல்” உண்டாகின்றன.

The seven layers are,

Name	Thickness
1 – சர்மம் – அவபாஸிநீ	1/18 நெல் அளவு
2 – சர்மம் - லோஹதா	1/16 நெல் அளவு
3 – சர்மம் - ஸ்வேதா	1/12 நெல் அளவு
4 – சர்மம் - தாம்ரா	1/8 நெல் அளவு
5 – சர்மம் - வேதிநீ	1/2 நெல் அளவு
6 – சர்மம் - ரோஹிணி	1 நெல் அளவு
7 – சர்மம் - மாம்ஸதரா	2 நெல் அளவு

## **IN MODERN ASPECT**

During the third month of foetal life, three layers of cells are recognizable, the periderm, the intermediate and the basal layer which is close to derma. The basal cells multiply rapidly and keep pushing the older cells towards the periderm and thus by the fifth month a stratum of these cells (pricklecells) superficial to basal cells forms a definite stratum Malpighii.

End of second month of intrauterine life, the derma consists of closely packed, spindle shaped mesenchymal cells and by the third month of intra-uterine life, fine reticulum fibres are demonstrable, which later increase in number and thickness and form the collagenous fibers. The elastic fibres appear during the sixth month the foetal life.

The subcutaneous fat is apparent by the end of third month of intrauterine life, but becomes abundant only during the later months of foetal life. The nail starts as an epidermal specialization on the dorsum of the tips of the digits by the third month of foetal life. Most of the sebaceous glands in the body develop in connection with hair follicles during the fifth month of foetal life.

# ANATOMY OF SKIN

## According to Siddha Science

“சேரப்புரா சடமாச்சு மண்ணின் கூறு

செறிமயிர் தோல் என்பிறைச்சி நரம்பைந் தாகும்”

➤ சதக நாடி

“என்பு தோலிறைச்சி மேதை மயிரிவை யைந்து மண்ணாம்”

➤ தன்வந்திரி வைத்தியம் - 1 பாகம்

“சாற்ற வெலும்பு தோல் சாரிறைச்சி காணுமயிர்

போற்ற நரம்பும் புகல மண் ”

➤ கண்ணுசாமியம்

From the above lines, it is clear that skin is the element of Earth. So the skin exhibits the characters of Earth element.

## In Modern Aspect:

The largest organ of your body is your skin (known as integument in the world of clinical anatomy). It includes the outer covering that protects your inside parts from the elements and from viruses and bacteria. The skin is also necessary for heat regulation, sensation, and making vitamin D. The skin can be a good indicator of health. A person who is in shock may have pale skin and goose bumps, and someone with a fever may feel warm to the touch. The skin has two layers, called the epidermis and the dermis.

**Epidermis:** This tough layer of cells is the outermost layer of skin. It gets its toughness from a protein called keratin. The epidermis has five layers:

Stratum corneum is made up of dead, mature skin cells called keratinocytes. These cells are constantly shed and replaced by cells from the lower layers of the epidermis. These cells have lost most of their internal structures and organelles.

Stratum lucidum is found in thicker skin and helps reduce friction between the stratum corneum and the stratum granulosum. It's composed of dead, flattened cells. The skin is thicker in some areas (like the soles of your feet) and thinner in others; women also tend to have thinner skin than men do.

Stratum granulosum is where keratin is formed. The cells in this layer also produce materials that prevent evaporation, which helps waterproof the skin.

Stratum spinosum contains the keratin-producing cells that were formed in the stratum basale. Keratin is a major structural component of the outer layers of skin.

Stratum basale forms the deepest layer. The cells of this layer continuously divide and form new keratinocytes to replace the ones that are constantly shed. This layer also contains melanocytes, which are the cells that produce skin coloring.

### **Dermis:**

This lower layer of the skin contains collagen and elastic fibers that give strength to the skin. This layer is also where the vasculature and nerves live.

Together the epidermis and dermis form the cutaneous layer. The subcutaneous layer (area below the skin) lies underneath the cutaneous layer and is sometimes called the hypodermis or superficial fascia. It holds most of the body's fat, so it varies in thickness from one person to another.

Creases form over joints because the skin always folds the same way as the joints bend. The skin is thinner in those areas and is firmly attached to the underlying structures by connective tissue. The integument also includes the structures that grow out of the skin, plus a couple of glands:

**Hair:** The protein keratin forms hair. Hair has an inner layer (the cortex), which contains pigments that give it color, and an outer layer (the cuticle). It grows out of follicles, which are little pockets of epidermis in the dermis. The shape of the follicle determines whether hair is curly or straight. Each follicle contains a hair bulb from which the hair develops. Arrector pili muscles connect the hair follicle to the skin.

**Nails:** Keratin shows up again in the form of plates found on ends of the fingers and toes. Underneath each nail is a nail bed with a root at the proximal end (closer to the rest of the body).

**Sebaceous glands:** These glands are connected to the hair follicles. They produce sebum, which is an oily substance that helps keeps the hair flexible.

**Sweat glands:** Sweat glands are coiled tubular glands found in most of the skin. The secretory portion (the part that secretes the sweat) of each gland lies in the fascia with a duct that runs up to the surface of the skin.



# **PHYSIOLOGY OF SKIN**

## **In Siddha System**

Skin it is defined as one of the five sense organs.  
(ஞானேந்திரியங்கள்) in the body.

It receives senses from external environment.

## **The relationship of three humours with skin**

In Vaadha humour, Vyaanan Vaayu has its role perception of senses.

In Pitha humour Renjaka Pitham gives colour and complexion to the skin.

In Kabha humour, Sandhika Kabham gives the integrity and oiliness to the skin.

All the three humours are connected to skin and the physiological functions of skin are done by it.

## **In Modern Aspect**

As the body's largest organ, the skin performs a series of key functions resulting from multiple chemical and physical reactions taking place within it.

The most common and obvious of these functions is to protect the body against injury, heat, and light radiation; the penetration of chemical agents; and the invasion of microbes and microorganisms. The skin also acts as a temperature regulator, enabling the body to adapt to different ambient temperatures and atmospheric conditions by regulating moisture loss. Cosmetic products become very important to this protective function. Sunscreens protect against UV radiation and, therefore, against

premature skin aging and skin cancer. Creams and lotions with a bactericidal effect reduce and/or control excessive proliferation of bacteria on the skin, a problem particularly associated with oily skin, and one of the main causes of acne development.

And, by forming an invisible barrier on the skin's surface, daytime moisturizers can help reduce the moisture lost by the skin itself that results in dehydration. Through the secretion of sweat and sebum, the skin performs an excretory function, eliminating a number of harmful substances resulting from the metabolic activities of the intestine and the liver.

The skin also secretes hormones and enzymes. When the skin's own chemistry and chemical composition are not compatible with a particular product's ingredient(s), the result is overall product sensitivity and even allergic reactions.

The large number of nerve endings in the skin makes it sensitive to touch. As a result, the skin is a sensory organ and the point of receptivity for cold, heat, and pain.

Finally, the skin plays an immunological role, due primarily to the Langerhans cells that can pick antigens from the skin and carry them to the lymph nodes. Excessive UV radiation either destroys or inhibits the performance of these cells, increasing the risk of skin cancer.

## EVALUATION OF KARAPPAN PANDANGAL

“பெருகுஞ் சோள மிறுங்கும் பெருங்கம்பு  
வரகாருடன் வாழையின் காயொடு  
உரைகொள் பாகற் கெளிற்று மீன் உண்டிடி  
விரிவதாய் கரப்பானும் மிகுந்ததே”

➤ பாலவாகடம்

There are few food stuffs called Karappan Pandangal in Siddha system of medicine. Karappan Pandangal are said to precipitate skin diseases and they are advised to avoid for this reason.

Karappan Pandangal are,

சோளம்	- Sorghum vulgare
கம்பு	- Pennisetum typhoideum
வரகு	- Paspalum scrobiculatum
காரரிசி	- Oryza sativa
வாழைக்காய்	- Musa paradisiaca
பாகல்	- Momordica charantia
கெளிற்று மீன்	- Osteogeniosus militaris

## EVALUATION IN SIDDHA SCIENCE

In Siddha Materia Medica, there are verses for each and every food substance that we take using this, the author attempts to evaluate the concept.

சோளம் - Sorghum vulgare

“சோளமெனப் பேர்படைத்த சோறுகளி னாலுடலில்  
மீளச் சொறி சிரங்கு விரித்தியதாம் - நாளநங்

கரப்பானும் உண்டாம் கனமருந்தும் பாழாம்

பரப்பனையை கணமாதே! பார் ”

➤ அகத்தியர் குணவாகடம்

The versus depicts the following points

- Precipitates itching
- Produces skin rashes
- Causes eczema
- Nullifies medicine value

கம்பு - Pennisetum typhoideum

“கம்பு குளிர்ச்சியெனக் காசினியற் சொல்லுவர்கான்

பம்பு சொறி சிரங்கை பாலிக்கும் - வெம்பும்

உடலின் கொதிப்பகற்றும் உட்பல முண்டாக்கும்

அடலயிறகண் மாமெ யறி”

➤ அகத்தியர் குணவாகடம்

The versus depicts the following points

- Produces chillness to the body
- Gives itching and skin lesions
- Removes the excess heat
- Gives internal strength to the body.

வரகு - Paspalum scrobiculatum

“எறிகபதோ டேபலநேர் பெய்தும் வறட்சி

சொறிசிரங்கு பித்தந் தொடரும் - நிறையுங்

கரகமெனப் பூரித்தகச்சமுலை மாதே!

வரகரிசிச் சோற்றால் வழுத்து”

➤ அகத்தியர் குணவாகடம்

The versus depicts the following points

- Gives dryness to the skin
- Causes itching and skin lesions
- Disturbs Pitha humour

காரரிசி - Oryza sativa

“காரரிசி மந்தங் கனப்புடலில் தூலிப்டும்

பாரறிய வாயுவையும் பண்ணுங்காண் - நேரே

கரப்பானென் பார்பொருந்திற் காயமது மெத்த

உரப்பாகும் என்றே யுரை”

The versus depicts the following points

- Gives bulkness to the body
- Increases Vaadha humour
- Causes Karappan
- Gives more strength to the body

வாழை - Musa paradisiaca

“வாழையின் கனியரை வாதமாய்க் காய்முழு

தாழுமம் மருந்தவ ரக்கினி மூலம்

➤ தேரையர் காப்பியம்

The versus depicts the following points

- If the plantain is half riped, it increases Vaadha humour and gives the disease Karappan.
- If the plantain is raw, it nullifies the medicine strength.

பாகல் - Momordica charantia

“பித்தமொரு வாதப் பெருக்கை மிக உண்டாக்குந்

தத்து கரப்பானைத் தருவிக்கும்- பற்றிரத

தாரபாடாணந் தமை முறிக்குந் தப்பாது

காரவல்லியாம் பாகற்காய்”

➤ அகத்தியர் குணவாகடம்

The versus depicts the following points

- Increases the Pitha Vaadha humour
- Gives the disease Karappan
- Nullifies arsenic toxicities

கெளிற்றுமீன் - Osteogeniosus militaris

- This is one of the sea fishes
- The flesh of this fish is said to increase Vaadha humour and excaerbates skin lesions already present.

From the above explanation we find all the substances are found to increase Vaadha humour. So this is the reason for precipitation of the disease.

## EVALUATION IN MODERN SCIENCE

In Modern Science, all the food stuffs contain semi-essential amino acid histidine. When taken in more amount, it undergoes decarboxylation and releases histamine in circulation. Excess production of histamine causes allergic reactions like asthma, eczema etc.,

Thus, it is clear that Karappan Pandangal are the allergic food stuffs that precipitates skin diseases.

# DIFFERENTIATION OF KARAPPAN AND KUTTAM

## Kuttam

Yugi Munivar has classified Kuttam in to 18 types.

Their aetiology can be grouped into

1. Dietary factors
2. Climatic factors
3. Life style factors
4. Psychosocial factors

Dietary factors include intake of low quality foods. Climatic factors include excessive hot or cold climate. Life style factors include habit of controlling vomiting, having a disturbed sleep. Psychosocial factors include excessive sex indulgence having mental conflicts, curses of Guru, God and elders. illtreating of females, betrayal of guests, stealing and raping.

The eighteen types are,

### புண்டரீகக் குட்டம் - Pundareega Kuttam

“கூடுமே தாமைரையின் பூவிதழ்ப்போல்

குவிந்துமே கறுப்போடு வெளுப்புமாகும்

தேடுமே சிவப்பு பல வர்ணமாகும்

.....”

The skin lesions will be blackish white and sometimes red.

### விற்போடக குட்டம் - Virpodaga Kuttam

“.....

மெதுமையாய் விட்டெரியும் நல்ல பாம்பின்

விடப்படம்போ லேதடித்து வெளுப்புமாகும்

கதுமையாய் மிகச்சொரிஞ் சிவப்புமாகும்

.....”

Skin lesions will be white in colour sometimes turning to red after severe itching.

#### **பாமா குட்டம் - Bama Kuttam**

“தானான தினவுண்டாய் வெளுத்திருக்கும்”

Skin will be highly itching and the skin colour changes to white.

#### **கஜசர்மா குட்டம் - Gajasarma Kuttam**

“தானாகச் சடந்தானு மிகக் கறுப்பாம்

சடமெங்குந் தோலுரியுஞ் சிவப்பு மாகும் ”

- Skin changes to highly dark colour
- Scaling will be followed by redness of the skin

#### **சிஞரகுட்டம் - Sigura Kuttam**

“மார்க்கந்தான் பசுமையாய் வெளுப்புண்டாகும்

மாசிவப்புக் கறுப்புமாய்த் தினவுண்டாகும்

.....”

Skin lesions will be found yellowish white, dark red to black

#### **கிருஷ்ண குட்டம் - Krishna Kuttam**

“சேதியாய்த் தேகமெங்கு தான்கறுக்கும்

சிவப்புடனே சேட்டுமத்தி நுற்பவித்து

.....”

Skin colour will be dark and next changes to red.

#### **அவுதும்பர குட்டம் - Avudhumbara Kuttam**

“காண்மையாய்க் காய்ந்துமே உடம்பெங்குந்தான்

கருகியே .....

Skin colour will be dark



### மண்டல குட்டம் - Mandala Kuttam

“வகுத்ததோர் பச்சைவர்ண மிரத்த வர்ண

மாயிருக்க முடம்பெல்லா சிரசெல்லாந்த்தான்

விகுத்ததோர் தலையிலே வெளுப்புமாகும்

மெனியெல்லா மிகத்தடித்துக் கறுப்புண்டாகும்”

Normal body colour changes to dark colour and normal scalp changes to white colour.

### அபரபரிச குட்டம் - Abaraparisa Kuttam

“மருவவே தேகமெல்லா மிகவு நொந்து

மாசற்ற ரத்தமெல்லா மிகக் கறுக்கும்

.....”

Body colour changes to black

### விசர்ச்சிக குட்டம் - Visarchiga Kuttam

“பரிசமாய் வாதபித்தத் துற்பவித்துப்

பரிந்து தொட்டா லெண்ணெய்தனை வெளுப்பு மாகும்

.....”

Skin lesions will be white in colour

### வையாதி குட்டம் - Vaiyathi Kuttam

“.....

மேனியெல்லா நற்பாம்பு மின்னலாகும்

.....”

Skin lesions will be yellowish shining as in snake

### கிடிப குட்டம் - Kideeba Kuttam

“காரணமாஞ் சரீரமெங்கும் பச்சையாகும்”

Skin lesions will be green in colour

“தடிமாய்த் தடிப்பாசிச் செம்மையாகுந்  
.....”

Skin lesions will be red in colour

### **தத்ருக் குட்டம் - Thathru Kuttam**

“சர்மந்தான் சிவப்பாக வட்டனித்துச்  
சலவைபோல் வெளுக்குமே தினவுண்டாகும்”

The skin lesions will be red in colour, next changes to white.

### **சித்துமா குட்டம் - Sithuma Kuttam**

“.....”

தளிரான சுரைப்பூவின் வண்ணமாகி  
வாக்கான வடிவதெம்மாந் திமிருண்டாகி  
வட்டனித்துப் பசுமஞ்சள் வர்ணமாகும்  
.....”

The skin lesions will be yellow in colour as that of flower of bottle gourd.

As the disease progresses it turns more yellowish.

### **சதாரு குட்டம் - Sadhaaru Kuttam**

“சித்தான தண்டிப்பாய் ரத்த வர்ணம்  
செழும்பச்சை வெள்ளையாய்ச் சிவப்புமாகும்  
.....”

The skin lesions are found to bloody red, green, white and red.

### **சுவேத குட்டம் - Swedha Kuttam**

“தடிப்பாக தவளநிறம் போல் வெளுத்துச்  
சர்வாங்க மும்வெளுத்தாற் றான்றிரும்பும்”

The skin colour will be white and the whole body be mild white in colour.

From the above description it is interpreted that Kuttam includes a group of skin disease showing varieties of pigmented lesions with sensory abnormalities, specified nature of itching.

There is also a concept in general that Kuttam means leprosy which crumbles mankind. But in siddhar's concept Kuttam includes not only leprosy but also other pigmented skin diseases.

## Karappan

- Yugi Munivar has classified Karappan into seven types.
- Their aetiology has been discussed earlier.
- The 7 types of Karappan are,
  1. திமிர்வாத கரப்பான்
  2. வறட்சி கரப்பான்
  3. கபால கரப்பான்
  4. பித்த கரப்பான்
  5. சிலேத்தும கரப்பான்
  6. வாத கரப்பான்
  7. கண்ட கரப்பான்

Vaadha Karappan has been discussed earlier.

### திமிர்வாத கரப்பான் (Thimirvaadha Karappan)

“வண்மையா யுட்கார்ந்து எழும்பும் போது

வருத்தமாய்க் கால்கைகளிடுப்புச் சந்து

திண்மையாய்த் திமிர்த்ததுமே கரடுகட்டும்

செயலழிந்து வீங்கியே வெடித்துப் புண்ணாம்

தண்மையாய்ச் சடமெங்கு மூதலாகும்

தண்ணீர்தான் மிகத்தவித்துத் தனிச் சூடுண்டாம்

உண்மையாய் மேனியெங்கு முளைச்சலுண்டாம்

உதறுமே திமிர்வாதக் கரப்பானாமே”

“பேராகத் தானெழுந்து நடக்கும் போது  
பேராமற் கால்சந்து திமிர்த்து வீங்கி  
வேறாக உடம்பெங்கும் வெடித்துப் புண்ணாம்  
வெதும்பியெ சரீரமெங்கும் பொருமலாகும்  
தேறாக உடம்பெங்குந் திரைஞ்சு போகும்  
திமிருதான் துண்டு துண்டாய் சிதறிக் காணும்  
பாறாகத் திமிர்வாதக் கரப்பானென்று  
பாரிலுள்ளோர் தனக்கிந்தப் பரிசாங் காணே”

- Pain in hands, legs and hip joints.
- Joints show inflammatory signs.
- Increased thirst.
- Body pain

#### வறட்சி கரப்பான்

“கண்டமாய் மிகவீங்குங் குத்தலுண்டாம்  
கனமாக உடம்பெங்கு மிகவே ஊறும்  
துண்டமாய் டம்புதைத்துச் சொறிதலுண்டாம்  
சோருமே யெந்நேர மயக்கத்தாலே  
வண்டமாந் தானில்லா மலுடம்பு வற்றும்  
மாறுபாடாய்ப் பிதற்றி மறுகும் வார்த்தை  
பிண்டமாய்க் கிடந்துருண்டு புலாலே நாளும்  
பெருவரட்சிக் கரப்பான்றன் பேரிடாமே”

- Boring pain
- Itching all over the body
- Lassitude
- Giddiness
- Emaciation

- Disoriented speech
- Foul smelling lesions over the skin.

### கபால கரப்பான் - Kabala Karappan

“காணவே காதெல்லாம் தினவுண்டாகும்

கண் தினவாங் கண்டந்தான் கரகரக்கும்

பூணவே கண்ணீரும் பீளையுண்டாம்

பேச்சு மந்த மூக்கதனில் நீரோ பாயும்

தோணவே சிரசுதனிற் சொறிதலுண்டாந்

தும்மல் மிகவுண்டாகுந் துடிக்கும் நெற்றி

ஆணவே அண்ணாக்கில ழலுண்டாகும்

அடிநிகாத கபால கரப்பான் றானாமே”

- Itching over the ears & eyes.
- Hoarseness of voice.
- Mucus excrements with increased lachrymation
- Rhinitis, sneezing
- Itching over the scalp
- Heat in the tonsils

### பித்த கரப்பான் - Pitha Karappan

“தானாகக் கண்தூங்கி நெடுவு உந்தி

தளர்ந்துமே உட்கரந்தது வெதுப்புண் டாகும்

தானாகக் கிறுகிறுக்கு முடலங் சோரும்

சொரிந்துமே உடம்பு மஞ்ச ளிக்கும்

வேனாக வன்னத்தை இறங்கொட் டாது

மிடுக்கான தீபமந் தித்துப் போகும்

பேனாக ஊருவது போலக் காணும்

பித்தகரப் பான்குணத்தின் பெற்றி யாமே”

- More intention to sleep
- Abdominal flatulence
- Heat within the body
- Giddiness
- Itching over the body like that of moving of louse.
- Yellowish pigmentation all over the body
- Poor appetite
- Poor digestion

### சிலேத்தும கரப்பான் - Silethuma Karappan

“பெற்றியாய்ச் சரீரமது வெளுறிக் காணும்  
 பேச்சுத்தான் கம்மலாய்த் தானி ருக்கும்  
 புத்தியாய் வார்த்தையது பொறுக்கிச் சொல்லும்  
 பிரபலத்தான் மிகப்பேசு முச்சுண் டாக்கும்  
 எத்தியாய்ச் சகலரையு மேவல் கொள்ளும்  
 ஆளையிருமல் முச்சுக் காதி ரைச்சல்  
 முத்தியாய் மோஷவழி முறைமை யாகும்  
 முதிர்சேட்ப கரப்பானின் முர்க்கந் தானே”

- Palor of the body
- Low pitched voice
- Altered behaviour
- May lead to fatal

From the above description, we see Karappan deals with skin manifestations of various systemic diseases.

Thus, Karappan and Kuttam are entirely of different entity.

From the above discussion, we see Karappan and Kuttam having the common psychosocial aetiology. So it is evident that one who is immoral to the society will be more prone to skin diseases as per siddha.

# **AN OVER VIEW OF ECZEMA**

## **ECZEMA**

### **Definition**

Dermatitis and eczema is non contagious inflammation of the skin characterized by erythema, scaling, oedema, vesiculation and oozing.

Eczema has been used as a descriptive term since the sixth century.

Eczema is a Greek word (Ec-means “out” zeo – means “boil”) The whole word implies “boil out”.

Eczema is a specific type of allergic cutaneous manifestation of antigen – antibody reaction.

### **Aetiology**

Basically, two factors cause dermatitis and eczema

Firstly, all allergic or sensitive skin. Secondly, exposure to an irritant., The dermatologist Darier has correctly said that,

**“There is no eczema but an eczematous patient’**

The general predisposing causes are

### **Age**

Eczema sometimes occurs in infancy, at puberty and at the time of menopause

### **Genetic & Family predisposition**

There is usually a personal or family history of allergy, viz asthma eczema and hay fever.

### **General debility**

By lowering resistance of the individual predisposes to eczema.

### **Climate**

Climate extremes like heat and severe cold.

## **Psychological stress**

### **Local factors**

Xeroderma or ichthyosis, greasy skin hyperhidrosis, varicose veins, Direct contact with pet and domestic animals (especially their saliva or fur) and indirect contact with animal dander.

Rough, scratchy, tight clothing, especially clothes made of wool (or) stiff fabrics.

The frequent use of soaps and cleaning products that tend to give lack of normal shiny of the skin.

## **FOOD AS ALLERGENS**

### **a)Animal sources:**

Cow's milk- Casein and  $\beta$  lactoglobulin are known to be the major allergen. Egg white is the allergising factor.

Any species of fish can be responsible for all allergic reactions.

Meats of all kinds – It has been observed that in cases of hypersensitiveness to the meat of a certain animal, the liver, pancreas, kidney and brain.

### **b)Plant sources**

Wheat flour- allergic reaction due to wheat gluten.

Some workers in glue factories using soya flour as an ingredient of glue, develop severe allergic symptoms.

Peas, beans and lentils have been reported to produce allergic reactions in some individuals.

Consumption of edible mushrooms sometimes may cause allergic reactions.

Fats and oils have been found to produce allergic symptoms in some individuals.



The vegetables which have been found to produce allergic reactions in some individuals are carrot, spinach , cabbage, onion, garlic, sweet potato, cauliflower and pumpkin.

Among the fruits, strawberries, bananas, oranges, grapes and apples are the principal offenders.

Occasionally allergic reactions can occur due to consumption of pears, cherries, plums , gooseberries.

Citrus fruits and tomatoes may cause atopic allergy.

### **Beverages**

Allergic actions are due to traces of foreign substances derived from food materials employed in the preparations of clarifying the beverage such as

- Barley malt and yeast in beer.
- Rye corn and wheat in whisky.
- Fish, glue, egg white or yeast in cheap white wine

### **Food contaminants as allergens**

For example preservations, insecticides and insect excreta or fragments may act as allergens.

Nor dihydroguairesic acid (NDGTA) is an antioxidant used in food facts.

### **EXACERBATING FACTORS**

- |               |   |   |
|---------------|---|---|
| • Irritants   | - | Physical, chemical or electrical  |
| • Sensitizers | - | Plants, clothing, cosmetics, medicaments , infection, diet and focal sepsis |

- External infections - Streptococci ,staphylococci, fungus
- Diathesis - Allergic, xerodermic, hyperhidrotic orseborrhoeic
- Drugs - State of local or general nutrition
- Climate - Temperature and humidity
- Mental and emotional conflicts
- Internal septic focus shedding toxins or causing bacteraemia
- Scratching, Chemical trauma, Climate, Stress and Strains keep the process going with the result that eczema becomes chronic.

It is still controversial whether the endogenous factors like diet, emotional strain and stress, focal sepsis, state of digestion, nutrition are more important than exogenous factors like infection, irritants and sensitizers (or) vice versa.

In practice, mixed eczemas are much more common than pure entities. History and clinical observation are very important in establishing the exact etiological diagnosis.

# Immunology

Immunology is a science which deals with the body's response to antigenic challenge,

This mechanisms are involved in the protection of the body against infectious agents but periodically they can also cause damage.

Sensitization develops when a different clone of T-lymphocytes is activated. The sensitized T-lymphocytes yield two sub populations of lymphocytes.

1. Memory cells that are responsible for the persistence of contact allergy
2. Effector cells that initiate the allergic response when appropriately challenged.

## **PATHO PHYSIOLOGY**

### **Allergy & hypersensitivity:**

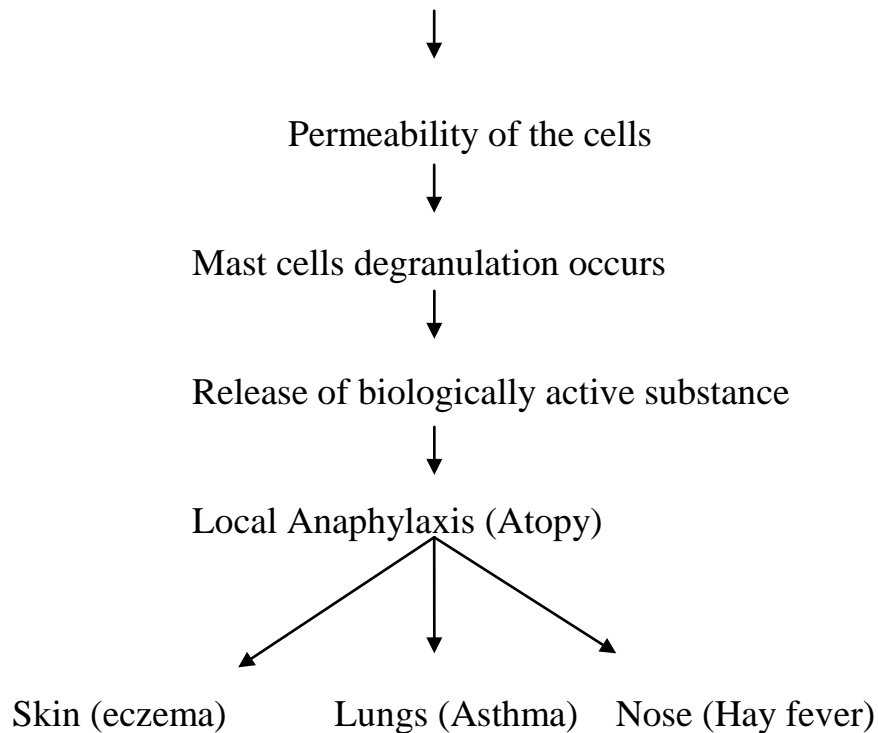
The term allergy was first used by Von Pirquit (1874- 1929) to denote changed reactivity of the body to outside chemicals. Allergy means altered energy (allps- other, ergon- energy)

Chemical reactivity in this context means that the body behaves in a particular way when it is exposed to a chemical substance known as “Allergen” for the first time, but changes the nature of its reaction when it proteins known as antibodies. The term Hypersensitivity refers to the injuries consequences in the sensitized host, following contact with specific antigens. This is classified into immediate and delayed types. Immediate hypersensitivity(Local anaphylactic reaction- Atopy)

Antibodies (cytotropic IgE antibodies) are fixed on the surface of tissue cells (mast cells and basophils ) in sensitized individuals. The antigens combines with the cell- fixed antibody, leading to release of pharmacologically active substances (vasoactive amines) which produce the clinical reaction.

Flare is due to dilation of arterioles by local axon reflex and the liberation of vasodilator substances like histamine and its by products like serotonin, bradykinin, acetylcholine from the injured cells like mast cells and basophiles etc

IgE present in mast cells basophils – Ag Complex



**Histamine:**

Histamine is formed by the decarboxylation of histidine found in the granules of mast cells, basophils and in platelets. Released into the skin, histamine stimulates sensory nerves, producing burning and itching sensations. It causes vasodilatation and hyperemia by an axon reflex (flare effect) and oedema by increasing capillary permeability (wheal effect) Triple response – Flush, Flare, Wheal

**Atopy:**

The antigens commonly involved in atopy are characteristically inhalants (pollen, house dust) or ingestants (eggs, milk). Some of them are contact allergens, to which the skin may be exposed. These atopogens are generally not good antigens when parentally but induce IgE antibodies. Atopic sensitization is developed spontaneously following natural contact with atopogens.

### **Cell- mediated reaction (Delayed hypersensitivity)**

These are typically provoked by intracellular microbial infection or hastens like simple chemicals applied on the skin, evolve slowly and consist of a mixed cellular reaction involving lymphocytes and macrophages in particular.

T- Lymphocytes carrying a specific antibody on their surface are stimulated by contact with the antigen to release certain active factors. This form of allergic phenomenon is observed in contact dermatitis (Eczema) and other allergic reactions following sensitization to certain chemical, bacterial, viral and fungal antigens and in the rejection of transplanted tissue.

Langerhans cells of the skin capture locally applied hapten, along with the modified tissue proteins, migrate to the draining lymph nodes where they present the processed antigen to T cells. The sensitized T cells travel to the skin site, where on contacting the antigen they release various lymphocytes. Th 1 cells secrete IFN and IL-2 which activate macrophages and other lymphocytes. Th2 cells release IL-4, IL-5 and other factors that cause tissue damage. This results in eczema formation.

### **Cutaneous Allergy:**

In the skin there are two important but different allergic reactions occur.

#### **Dermal reaction:**

- ❖ Dermal reaction is commonly seen in urticaria
- ❖ The causative antigen reaches the skin through ingestion, inhalation or injection of protein substances and the reaching antibodies circulate in the serum
- ❖ Allergic reaction takes place in the dermis
- ❖ Intra dermal tests (scratch) shows reactivity

- ❖ The response is wheal formation which occurs in few minutes

### **Epidermal reaction:**

- ❖ It is seen in allergic dermatitis or eczema
- ❖ The causative substance reach the skin by contact. Intra dermal allergic tests are negative
- ❖ But patch test shows reactivity

Allergen + Epidermal protein – Antigen formation

Anti bodies production

(Probably in lymph glands)

Circulation

Fixed in epidermal cells

### **On next occasion**

Allergen + Antibodies – Eczematous reaction (In epidermis)\

- ❖ A severe local reaction may result in auto – intoxication & dissemination of eczematous reaction to distant parts.

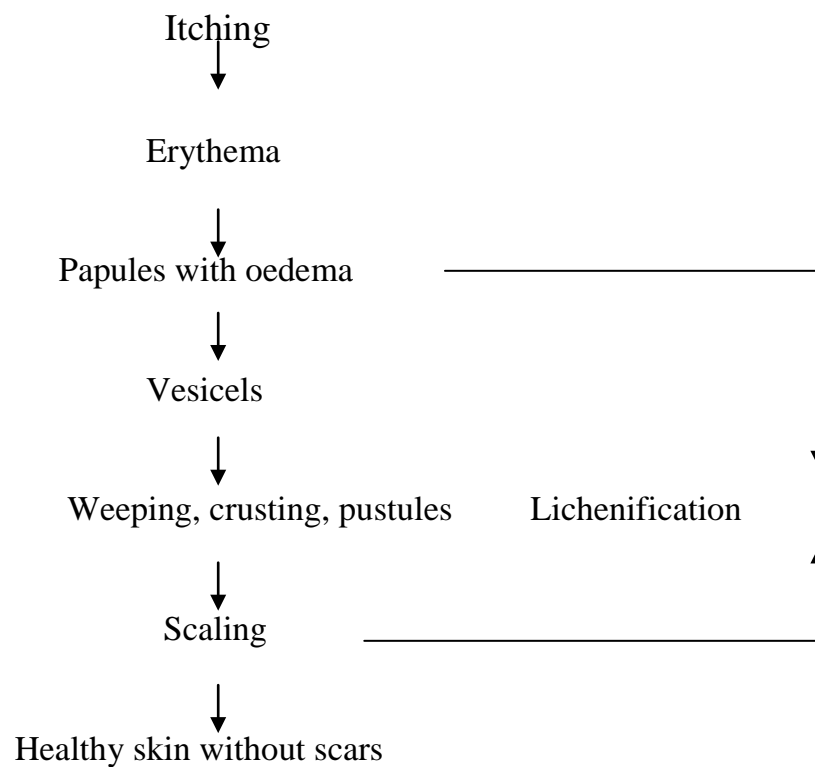
### **Status Eczematicus**

It is believed that in case of severe allergic states, a state may develop when the patient becomes hypersensitive to even unrelated substances resulting in status eczematous comparable to status asthmatics in practice of internal medicine.

### **Clinical Features:**

Eczema is a specific type of allergic subcutaneous manifestation of antigen antibody reaction. It is characterized by superficial inflammatory oedema of the epidermis associated with vesicle formation. Itching varies from mild to severe paroxysms which may even interfere with work and sleep. The natural history of eczema is represented as follows.

## HISTORY OF ECZEMA



### Stages of eczema:

#### 1.Acute Stage:

- ❖ Itchy erythema followed by oedema of the epidermis (spongiosis)  
papular vesicles oozing and crusting
- ❖ This stage does not last long

- ❖ In about a couple of weeks, the lesions start to heal. If the cause persists, the eczema lasts over months or years.

## **2.Chronic stage**

- ❖ There is less oedema
- ❖ Vesiculation, the integument appears thickened, and pigmented with prominent criss- cross (Lichenification) markings
- ❖ This is the end result of all types of long standing eczemas.
- ❖ This is accompanied by a variable degree to vasodilatation and T-helper lymphocytic infiltration in the upper dermis.

## **3.Sub acute stage:**

- ❖ Papules and scaling with moderate oedema and erythema.
- ❖ Acute eczema may pass through this stage before it heals
- ❖ Completely or become chronic

## **Histopathology**

Characteristic features are intercellular oedema (spongiosis) and vesicle formation. There may be mild to moderate dermal reaction

In chronic cases, hyperkeratosis, acanthosis and infiltration of upper dermis with lymphocytes are seen,

## **In acute dermatitis:**

The epidermis contains vesicles and bullae with variable inter and intracellular epidermal oedema. The vesicles and bullae are permeated by acute inflammatory cells. Usually the vesicle contents will include lymphocytes with some eosinophil contents is of sufficient degree, the basal layer is disturbed and may not be identifiable.



There is moderate upper dermal lymphocytic and occasionally neutrophilic infiltrate and oedema. Except in severe cases the lower and mid-dermis are not involved. When the vesicles rupture crusts composed of precipitated fibrin, necrotic debris, epithelial cells and polymorpho – nuclear leucocytes can be seen on the surface.

#### **In Sub acute dermatitis:**

The vesicles are smaller and ordinarily not visible to the naked eye but can be seen with microscope under low, power. There is usually less oedema than which is found in acute dermatitis, moderate acanthosis and parakeratosis are usually present. An inflammatory infiltrate composed chiefly of lymphocytes with some neutrophils and eosinophils is present in the upper and to a lesser extent the mid-dermis and after is predominantly perivascular in distribution. The lower dermis is not remarkable.

#### **In chronic dermatitis:**

No vesicles are present. There is moderate to marked acanthosis and variable hyperkeratosis with scattered para keratosis. The rete ridges are somewhat elongated the basal layer is basal layer is usually intact. The oedema may not be noticeable (or) very minimal . Vesicles are absent. a slight to moderate lymphocytic infiltrate is usually present in the upper and to a lesser extent in the middermis. Neutrophils are not seen. Lower dermis is not remarkable.

There is moderate upper dermal lymphocytic and occasionally neutrophilic infiltrate and edema. Except in severe cases the lower and mid- dermis are not involved. When the vesicles rupture, crusts composed

of precipitated fibrin, necrotic cells and polymorphonuclear leukocytes are seen on the surface.

## **CLASSIFICATION**

There are two groups of eczema

Exogenous

Irritant

Allergic

Photodermatitis

Endogenous

Atopic

Seborrhoeic

Discoid

Asteatotic

Gravitational

Neurodermatitis

Infectious eczematoid dermatitis

### **Exogenous Eczema**

#### **Irritant eczema**

Acute or chronic inflammation, often asymmetric or oddly-shaped, produced by substances contacting the skin and toxic or allergic reaction. Primary irritants may damage normal skin or irritate existing dermatitis. The mechanisms by which these irritants damage the skin are different for different agents, (eg) detergents, alkalis, acids, solvents

Strong irritants elicit an acute reaction at the contact whereas weak irritants most often cause chronic eczema, especially of the hands after prolonged exposure.

#### **Allergic contact dermatitis**

Allergic contact dermatitis is an eczematous rash that develops after contact with an agent due to delayed cellular hypersensitivity.

#### **Cause of contact dermatitis.**

## **Plants**

1. Clothing and footwear's
2. Cosmetics
3. Occupational chemicals
4. Medicaments

### **Plants:**

Phyto dermatitis is fairly common in practice. Well-known examples of such plants are Anacardiaceae (Marking nut) Primulacea (primulas) Peel of oranges and lemons, garlic and onion. Allergic dermatitis is produced by inhalant allergen from pollens and moulds.

### **Clothing and footwear:**

Rubber chapels and footwear are offending substance. Textile dermatitis is characterized by severe itching and purpuric dermatitis on the body. The trunk is involved in Khaki uniform dermatitis and the legs in trouser or pyjama dermatitis.

### **Cosmetics**

Common ingredients in cosmetics such as perfumes, face creams, deodorants, hair dye, shampoos, parabens, benzocaine, lanolin, thimersol, etc.,

### **Medicaments:**

This includes sulphonamides, penicillin, streptomycin, cocaine, tincture, benzoin, dettol, phenelogen cream & sticking plaster etc.,

## **INDUSTRIAL AND OCCUPATIONAL AGENTS**

Agricultures	-	Plants, weeds, fertilizers
Automobile	-	Oil, petrol, solvent, grease, paints
Pharmaceutical	-	Dyes, chemicals, explosives,

industries		solvents, disinfectants, detergents
Engineering industries	-	Cutting oils, solvents
Housewives	-	Soaps , detergents, vegetables, fruits , nickel, polishes, artificial , flavours
Nurses and Doctors	-	Iodine, streptomycin, chlorpromazine, tincture, benzonin
Photographers	-	Hardeners , solvents, glass, cellulose esters.
Rubber workers	-	Additives like TMT, MBT, dyes, glues, oils
Textile workers	-	Formaldehyde, solvents, dyes, Bleachers

A list of common regional contactants

Face - Directly applied cosmetics like-face powder, cream, bindis, sindhoor, eyebrow, pencil, linings, perfumes, soaps , oil, shampoos, dyes, spectacle , frames. The distribution is typical in all these contactants.

Lips - Lipstick, tooth paste, cigarette holders, pipes and balloons

Neck- Scarf, collar, collar buttons, marking ink, jewellery, (Nickel and chromium )etc

### **Pathophysiology**

Allergic contact dermatitis results from a specific acquired hypersensitivity of the delayed type also known as cell mediated hypersensitivity (or) immunity.

Occasionally dermatitis may be induced upon a sensitized area of skin when the allergen is taken internally and this occurs with substances such as sulphonamides

Persons may be exposed to allergens for years before finally developing hypersensitivity. The sensitized area through usually

generalized may be strictly localized. Eg: Eczema of the ear lobes, wrists and back due to contact with nickel in costume jewellery.

### **Photo dermatitis**

Photo dermatitis means photo sensitization of the skin after exposure to sunlight and ultra violet. Eruption develops on exposure to light.

Dermatitis in this condition is confined to the exposed parts of the body i.e., neck 'V' of the chest, hands and external surfaces of the fore arms and dorsum of foot and the adjoining parts of legs.

### **Endogenous eczema:**

There is no evidence of external irritants or allergens in endogenous eczema. Part of the body becomes sensitized to internal body products, toxins from focal sepsis, metabolites that are products of digestion (or) Psychosomatic influences should be added to this list.

### **Atopic eczema:**

It is also called asthmatic eczema syndrome

Atopy (out of place- ness) is a genetic predisposition to form excessive IgE which leads to a generalized and prolonged hypersensitivity to common environmental antigens.

Atopic individuals manifest one or more of a group of disease that includes asthma, hay fever, urticaria and this distinctive form of eczema. The eczema is characterized by a selective flexural and personal allergic chronicity with acute exacerbation a familial and personal allergic predisposition and a very sensitive emotional nature. The eczematous process is usefully the result of endogenous as well as exogenous allergies.

## **Aetiology**

1. Emotional
2. Allergic diet, external contacts and inhalant

The inheritance of atopic eczema is controversial . The disorder is concordant in 86% of monozygotic twins but in only 21% of dizygotes. Atopic disease show maternal imparting i.e., they are inherited more often from the mother than from the father.

## **Pathogenesis:**

It is best considered as interplay of genetic susceptibility that causes epidermal barrier dysfunction & abnormal immune responses, which are then stimulated by different environmental factors.

## **Distribution and character of rash Infancy:**

The eczema is often acute and involves the face & trunk. The integument is generally dry and rough with a definite tendency to dermatographism. The eyelids, the sides of the neck , the popliteal and cubital fossae are sites affected.

## **Childhood:**

The rash, settles on the back of the knees, front of the elbows, wrists & ankles.

## **Adults:**

The face and trunk are more involved. Lichenification is common.

## **Diagnostic criteria:**

- ❖ History of itch in skin creases (or cheeks if <4 years)
- ❖ History of asthma/hay fever (or in a first –degree relative if <4 years)
- ❖ Dry skin (Xeroderma)
- ❖ Visible flexural eczema (cheeks, forehead, outer limbs if <4 years)

- ❖ Onset in first 2 years of life

### **Complications:**

- ❖ Super infection most often with bacteria (Staphylococcus aureus) but also importantly with viruses. Herpes simplex virus causes widespread severe eruption-eczema herpeticum.
- ❖ Papilloma virus & Molluscum contagiosum superinfections are also more common and are encouraged by use of local steroids.
- ❖ Irritant reactions due to defective barrier function.
- ❖ Sleep disturbances, loss of schooling, and behavioural difficulties.
- ❖ Children with atopic eczema have an increased incidence of food allergy, particularly to eggs, cow's milk, protein, fish, wheat and soya.

These foods cause an immediate urticarial eruption rather than exacerbating their eczema.

### **Seborrhoeic Eczema:**

This condition which is characterised by a red scaly rash classically affects the scalp (dandruff), central face, nasolabial folds, eyebrows and central chest. It is due to pityrosporumovale infection of the skin. Sebum may be permissive for the development of the rash. The usual uncomplicated seborrhoeic dermatitis is characterized by two types of lesions: (i) Scaly erythematous plaques (ii) Follicular papules. No vesicles, little weeping, abundant scaling, little oedema are seen.

### **Discoid eczema:**

Synonym : Nummular eczema

This is a common form of eczema recognised by discrete coin shaped lesions of eczema distributed bilaterally seen on the limbs of young men associated with alcohol excess, and of elderly men. It can occur in children with atopic eczema and tends to be more stubborn to treat.

**Aetiology:**

- ❖ Psychogenic stresses
- ❖ Focal sepsis
- ❖ Food allergies
- ❖ Alcohol
- ❖ Debility and drugs

**Asteatotic eczema**

This is frequently seen in the hospitalized elderly especially when the skin is dry. Low humidity caused by central heating, over washing and diuretics are contributory factors.

It occurs most often on the lower legs as a rippled or crazy paving pattern of fine fissuring on an erythematous background.

**Gravitational (stasis) eczema:**

Persistent inflammation of the skin of the lower legs commonly associated with venous incompetency. The predisposing factors are chronic congestion and stasis which lower the local resistance.

The eruption is usually localized to the ankle where oedema, erythema, mild scaling and brownish discoloration occur, Secondary



bacterial infection and eventual ulceration may occur. The cause is mainly due to perivascular fibrin deposition and abnormal small – vessel vaso constrictive reflexes.

**Neuro dermatitis:**

Synonym : :Lichen simplex chronicus Affecting more commonly neurotic people.

**Definition:**

This condition may be defined as the lichenification process resulting from chronic scratching and rubbing of the skin under stress and anxiety.

Common amongst young people and menopausal women.

**Clinical features:**

The skin become thickened, infiltrated and pigmented. The criss cross markings become more prominent. Margins are irregular & usually well defined.

**Pathology and pathogenesis:**

Histologically these may be striking hypertrophy of the epidermis, which in extreme cases may resemble epitheliomatous change (pseudo epitheliomatous hyperplasia). There is also hyperkeratosis and variable amount of inflammation in the sub-epidermal zone. There is a marked increase in the rate of epidermal cell production accounting for the hypertrophy and it is believed that the persistent trauma of scratching and rubbing is responsible for this.

**Common sites:**

The nape of the neck, arms, ano-genital area, back of knees, legs and ankles.

**Pompholyx (dyshidrotic eczema):**

It consists of bilaterally asymmetrical eruption affecting the palms of hands, the sides and soles of feet. Lesions consists of deeply – set vesicles, accompanied by tingling, burning and itching.

**Provoking factors:**

- ❖ Active focal sepsis
- ❖ Heat
- ❖ Stress
- ❖ Nickel ingestion

**Infectious eczematoid dermatitis:**

Synonym: Infective eczema

This results from sensitization to certain organisms like streptococci, staphylococci, dermatophytes and yeast organisms.

**Clinical features:**

Characterised by their slow development, no vesiculation but a crust is formed instead. The patch or patches are sharply defined and there is no erythematous halo.

Sites: Body folds, hair follicles.

**Sub divisions:****1. Post traumatic infective eczema**

It starts with a crack in the integrity of the skin brought on by an injury, a blister, and insect bite or exposure to a cold wind etc.

Eczematization secondary to acute tinea, particularly tinea pedis is frequently seen. It starts from digital spaces and spreads to the dorsum of the foot or the soles.

## **2. Follicular infective eczema**

It involves hairy region like the scalp, beard and legs. It starts usually with pityriasis capitis which gets complicated by one (or) several itchy patches of oozing, pits and crusting. The eczema spread to forehead, retroauricular folds and cheeks. Streptococci, staphylococci and less so Pityrosporon organism are the causatives.

## **3) Flexural infective eczema**

The flexures are the sites of predilection. It starts with a crack in the depth of the fold and two opposing surfaces are equally affected. The inner part looks moist and red, only at the periphery is crusting clearly evident.

## **Infantile eczema:**

This occurs in children between the ages of three months and two years. It usually starts on the cheeks, spreading slowly to forehead, chin, scalp, arms, trunk, legs, buttocks and in the groins, napkin rash like dermatitis may develop.

## **Etiology:**

Dietic allergies may play an important role in the causation.

**Clinical features:**

Characterized by erythema, vesicles, exudation and crusting, Pruritus is a prominent symptom.

**Types**

1. With high familial predisposition to an allergic disease – The atopic variety
2. Without familial predisposition – Simple variety

**Investigation of Eczema****Patch test**

Patch tests detect type IV (delayed or cell-mediated) hypersensitivity. It is common practice for a battery of around 20 common antigens, including common sensitizers such as nickel, rubber and fragrance mix to be applied to the skin of the back under aluminium discs for 48 hours.

They are done in cases of contact dermatitis to establish the etiological agents. The back or the arms are the sites of choice. The affected part is cleaned with water and allowed to dry. Patches are placed at distance of 2 to 3 inches in rows. The reading should be taken 20 min to 1 hrs after removal of patches. The sites are then examined for a positive reaction 24 hours later and possible again a further 24 hours later.

The positive test is revealed by the development of an eczematous patch with erythema swelling and vesicles at the site of application.

Patch test reaction is graded in the following degrees

+	-	Only redness
++	-	Marked redness and swelling
+++	-	Marked redness, swelling and papules
++++	-	Redness, oedema and vesicles

### **Specific IgE**

Specific IgE levels to antigens can be measured in serum by a specific radio allergic sorbent test (RAST)

These are occasionally performed to support diagnosis of atopic eczema and to determine specific environmental allergens. eg.pet dander, horse hair, house dust mite, pollens and foods.

### **Prick tests**

Prick tests are a way of detecting cutaneous type I (immediate) hypersensitivity to various antigens such as pollen, house dust, mite or dander.

### **Bacterial and viral swabs for microscopy and culture**

These are useful tests in suspected secondary infection. Skin swabs for bacteriological assessment will invariably reveal the presence of bacteria. In the case of recurrent impetigo in a child with atopic eczema, bacterial swabs should be taken from carrier sites (axillae and groin) from both the affected individual and house hold members.

### **Intradermal test for allergies to foods, inhalants and drugs**

The skin condition in which these tests are helpful are: Urticaria, endogenous eczema, atopic dermatitis and drug sensitivity.

### **Hints of diagnosis for all eczemas**

1. Nature of the lesions- size, shape, itching, number of papules, pustules, erythema etc.,
2. Distribution – sites of lesion.
3. History of occupation.
4. History of exposure to allergens – i.e. Chemicals, plants, soap, etc.,
5. Personal and family history of such diseases – e.g atopic or allergic eczemas.
6. Climate – eg: Dyshidrosis occurs at the change of seasons particularly in spring,, summer.
7. Patch tests (allergy test) in allergic/atopic eczemas.
8. Biopsy in rare cases when the lesions do not respond to treatment.

### **Prognosis of eczema**

Dermatitis and eczema are as rule curable conditions. Eczema are ineffective except when they leave scars. The patient needs reassurance of these points.

It must be remembered that epidermis is an ectodermal structure and so takes time to heal. Energetic treatment is to be strongly discouraged. Acute eczemas heal readily in about 1-4 weeks with treatment. Chronic eczemas in which anatomical and functional changes set – in take time to disappear.

Disseminated and generalized eczemas are not only slow to heal, but are accompanied by ill health. Infantile and atopic eczemas are trouble some and uncomfortable. The former lasts till the age of twenty five or even through out life. Its course is marked by spontaneous remissions and exacerbations.

Psychogenic stresses, climate extremes and poor health aggravate eczema. The cure of these conditions is retarded in tropical countries by heat, humidity and the prevalent unhygienic conditions.

### **General lines of managements**

1. Explanation and reassuring the patient.
2. Psychotherapy – counselling and antidepressants, mild sedatives, learn to live with it, anger and frustration avoided.
3. Correcting or eliminating the aetiological factors.
4. Exposure to sunlight or extremes of climate to be avoided. Change of place or A/C advised.
5. Scratching and rubbing to be avoided, the nails to be cut short.
6. The health of the patients is improved by multivitamins, iron, protein.
7. Be aware of any foods that may cause an outbreak and avoid those foods.
8. Avoid harsh soaps, detergents, and solvents.
9. Avoid environmental factors that trigger allergies eg., pollens, moulds, mites, and animal dander.
10. Rest to the affected part or bed rest for generalized eczemas.
11. Protection of the affected part – cotton bandage, glove or mask.
12. The patients should have a warm bath in winter and a cold bath in summer. After the bath, he should blot himself with a smooth towel and avoid rubbing.
13. Not to fatigue himself either physically or mentally.
14. Healthy hobbies and play should be encouraged.

## **DIFFERENTIAL DIAGNOSIS**

**Psoriasis:** Patches of erythema with silvery scales, typical distribution, little oozing and itching, pinpoint bleeding on removing scales.

**Pityriasis rosea:** Herald patch, medallion like lesions on back with scales pointing towards the centre, distribution along the ribs, limited course of 6-12 weeks.

**Tinea corporis:** Well – defined macules, inflammatory border and central clearing, marked itching, Microscopic examination shows fungal hyphae.

**Erysipeals:** Patient ill, temperature raised, pulse rate increased, face – angry red colour, hot and firm, margin are raised and well defined, polymorphonuclear leucocytosis.

**Lichen Planus:** Polyhedral, firm violaceous, flat – topped papules with wickham's striae and very thin adherent scales, distribution on the flexors, genitalia and mouth, pruritus and a chronic course.



# **EVALUATION OF THE DISSERTATION TOPIC**

## **MATERIALS AND METHODS**

The study on the diagnostic methodology of Vaadha Karappan was carried out in out patient section in the post graduate, Noi Naadal Department, Government Siddha Medical College, Palayamkottai.

40 patients were studied and their bodily changes were recorded by Ennvagai thervugal examination.

### **Selection of Patients**

The study was done in 40 patients and they were selected on the basis of clinical symptoms indicted in siddhar's text.

### **Selection Criteria**

#### **Inclusion Criteria**

1. Both sexes
2. 1 year of age to 70 years
3. Hyperpigmented maculopopular rashes over the body associated with itching, scaling, oozing and oedematous condition.
4. Patients history of any photosensitive, food, contact allergies.
5. Individuals related to occupation which can cause allergies.
6. Individuals with venous competence in lower limbs.

**EXCLUSION CRITERIA:**

1. Ichthyosis
2. Fixed drug eruptions
3. Tinea infections
4. Skin rashes of Enanthematous fevers.
5. Itching in Cholestatic Jaundice.
6. Seborrhoeic dermatitis
7. Itching in hypothyroidism
8. Lichen planus

**METHODOLOGY****STUDY DESIGN**

Observational type of study

**STUDY ENROLLMENT**

- In the study, patients reporting at the OPD&IPD of Government Siddha Medical College and Hospital, Palayamkottai with the clinical symptoms of “Vaadha Karappan” will be referred to the Research group. Those patients will be screened using the screening proforma (Form-I) and examined clinically for enrolling in the study based on the inclusion and exclusion criteria. Based on the inclusion criteria the patients will be included first and excluded from the study on the same day if they hit the exclusion criteria.

- The patients who are to be enrolled would be informed (Form IV-A) about the study, and the objectives of the study in the language and terms understandable for them.
- After ascertaining the patients' willingness, a written informed consent would be obtained from them in the consent form (Form IV).
- All these patients will be given unique Register card in which patients' Register number of the study, Address, Phone number and Doctors phone number etc. will be given, so as to report to research group easily if any complication arises.
- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma in the history and clinical assessment and lab investigation forms.

## **INVESTIGATIONS DURING THE STUDY:**

The patients will be subjected to basic necessary laboratory parameters during the study

<b>Blood</b>	<b>Urine</b>	<b>Other investigations</b>
Total WBC count	Albumin	IgE levels
Differential count	Sugar	
Haemoglobin	Deposits	
ESR		
Blood sugar		
Blood urea		
Serum cholesterol		

## **TREATMENT DURING THE STUDY:**

Normal Op treatment procedure followed in Government Siddha Medical College and Hospital, Palayamkottai will be prescribed to the study patients and the treatment will be provided

## **STUDY PERIOD**

- Total period - 1yr
- Recruitment for the study - Upto 10 months
- Data entry analysis - 1 month
- Report preparation and submission - 1 month

## **DATA MANAGEMENT**

- After enrolling the patient in the study, a separate file for each patient will be opened and all forms will be filed in the file. Study No. and Patient No. will be entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file will be taken and necessary recordings will be made at the assessment form or other suitable form.
- The screening forms will be filed separately.
- The Data recordings will be monitored for completion and adverse event by HOD and Faculty of the department .Any missed data found in during the study, it will be collected from the patient, but the time related data will not be recorded retrospectively

- All collected data will be entered using MS access/excel software onto computer.

## **OUTCOME OF STUDY**

- Summary of the versus Vaadha Karappan
- Literary Review of Vaadha Karappan
- Evaluation of the aetiology Karappan Pandangal
- Pathogenesis of the disease in siddha
- Role of Kosham in the disease
- Differentiation of Karappan and Kuttam
- Role of Ennvagai Thervugal Examination in disease diagnosis

## **OBSERVATION AND RESULTS**

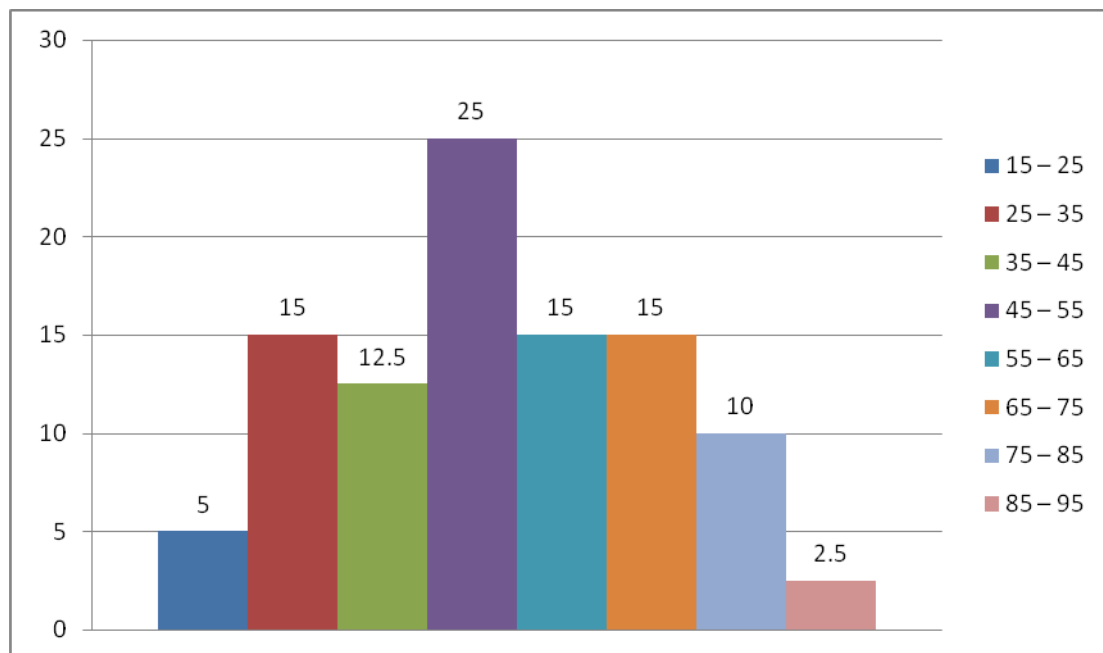
Results were observed with respect of the following aspects.

1. Age
2. Sex
3. Socio-Economic status
4. Life span reference
5. Thinai reference
6. Seasonal variation
7. Diet habits
8. Occupational Status
9. Allergic History
10. Site of distribution of lesions
11. Clinical features
12. Uyir Thaathukal changes
13. Udal Thaathukal changes
14. Ennvagai thervugal examination
15. Laboratory findings

### AGE

Age	No of Members	Percentage
15 – 25	2	5
25 – 35	6	15
35 – 45	5	12.5
45 – 55	10	25
55 – 65	6	15
65 – 75	6	15
75 – 85	4	10
85 – 95	1	2.5

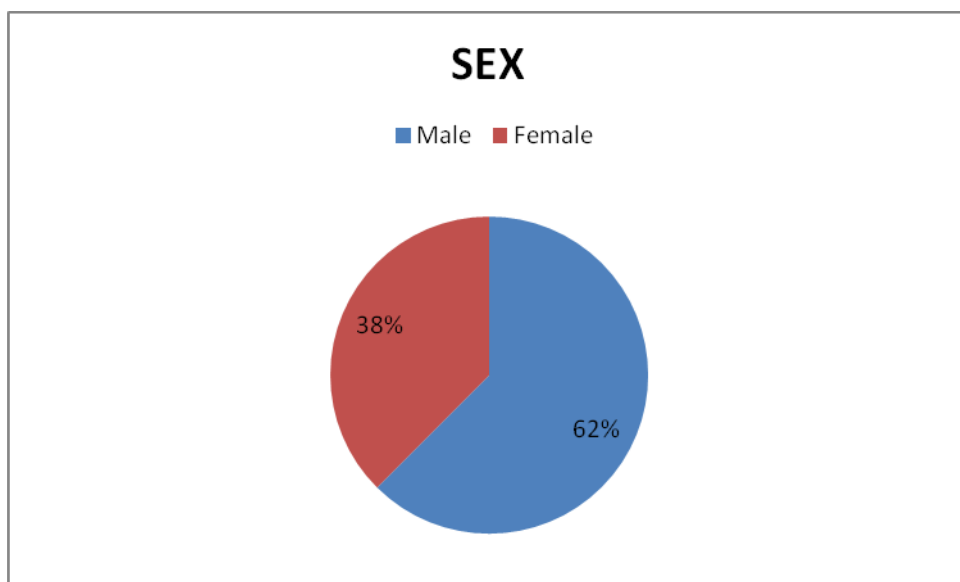
### AGE



The patients affected by the disease majority fall under the age group 45 – 55.

### SEX

SEX	No of Members	Percentage
Male	25	62.5
Female	15	37.5

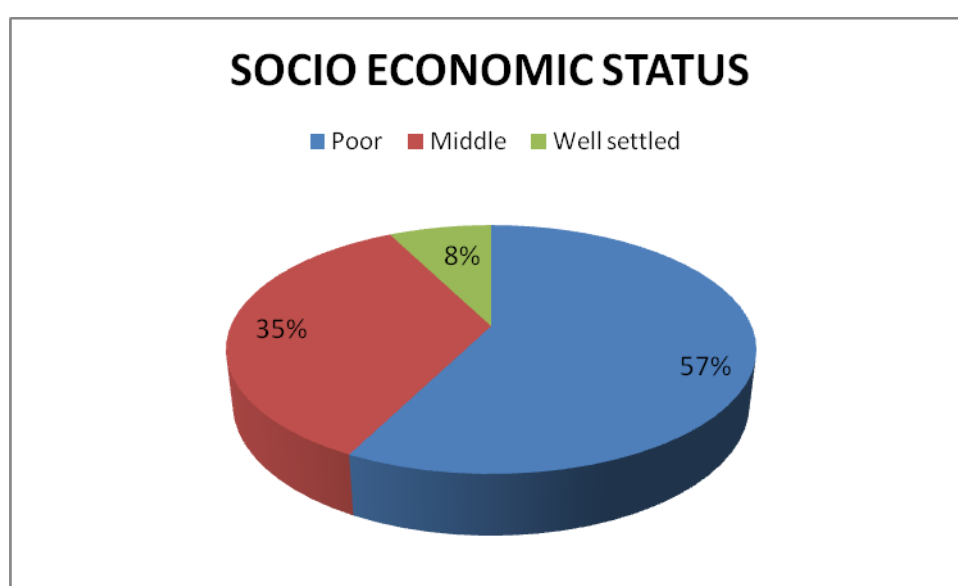


The patients affected are of majority male sex.



## SOCIO ECONOMIC STATUS

SOCIO ECONOMIC STATUS	NO. OF MEMBERS	PERCENTAGE
Poor	23	57.5
Middle	14	35
Well settled	3	7.5

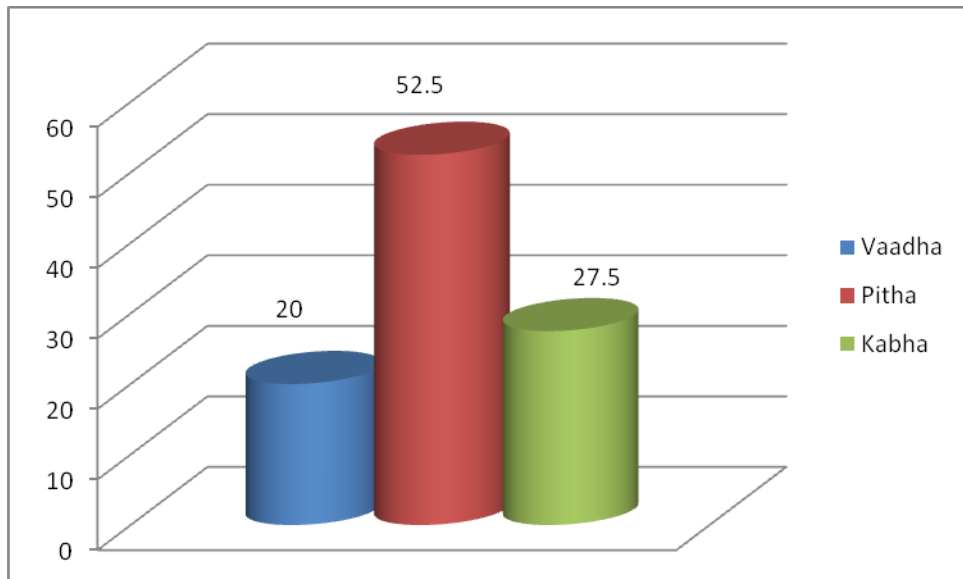


Poor socio-economic status people are more affected.

## LIFE SPAN

KAALAM	NO. OF MEMBERS	PERCENTAGE
Vaadha	8	20
Pitha	21	52.5
Kabha	11	27.5

## LIFE SPAN

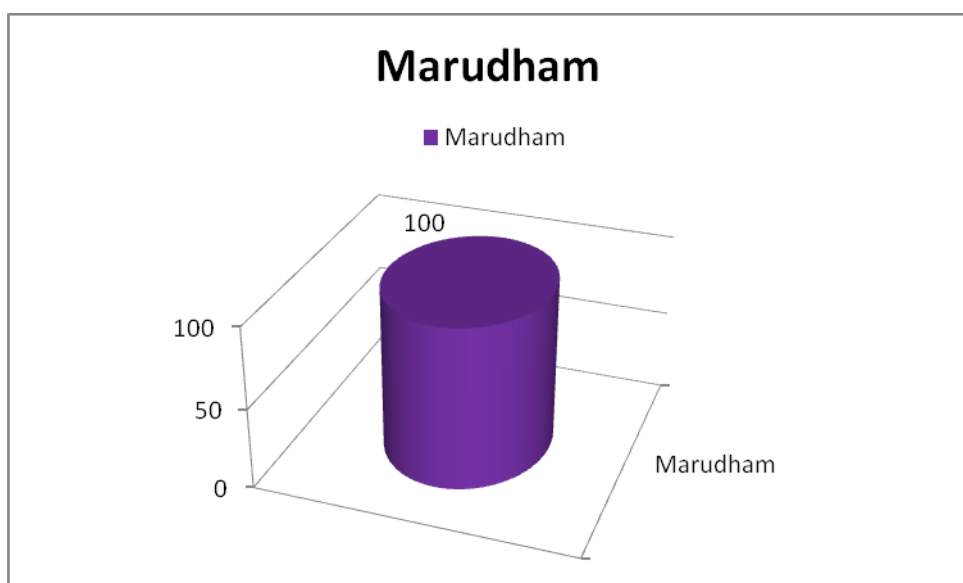


Persons are infected more in the Pitha Kaalam.

## THINAI (LAND)

NAME OF THE THINAI	PERCENTAGE
Marudham	100

## THINAI (LAND)

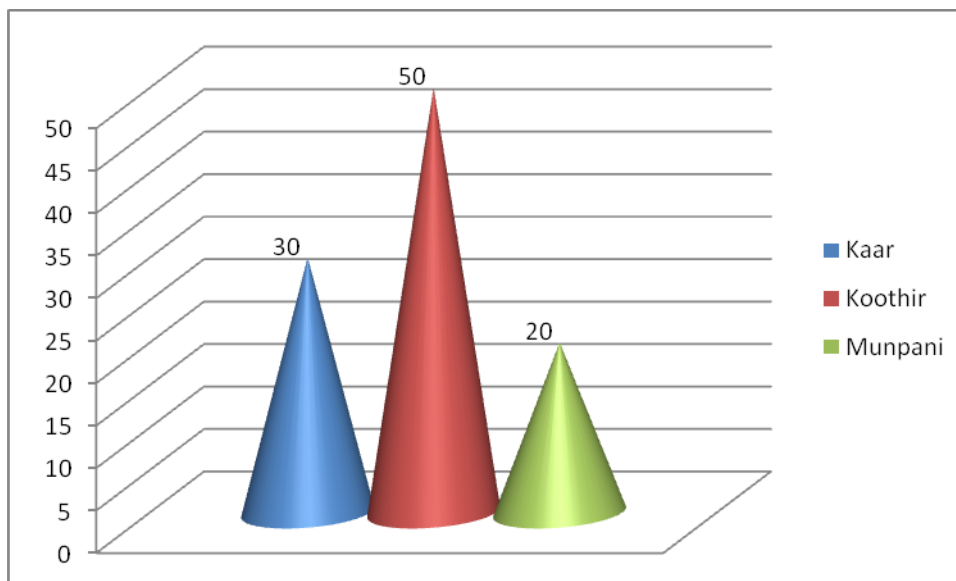


All patients belong to the Thina Marutham.

### SEASONAL VARIATION (PARUVA KAALAM)

PARUVA KAALAM	NO. OF MEMBERS	PERCENTAGE
Kaar	12	30
Koothir	20	50
Munpani	8	20

### PARUVA KAALAM

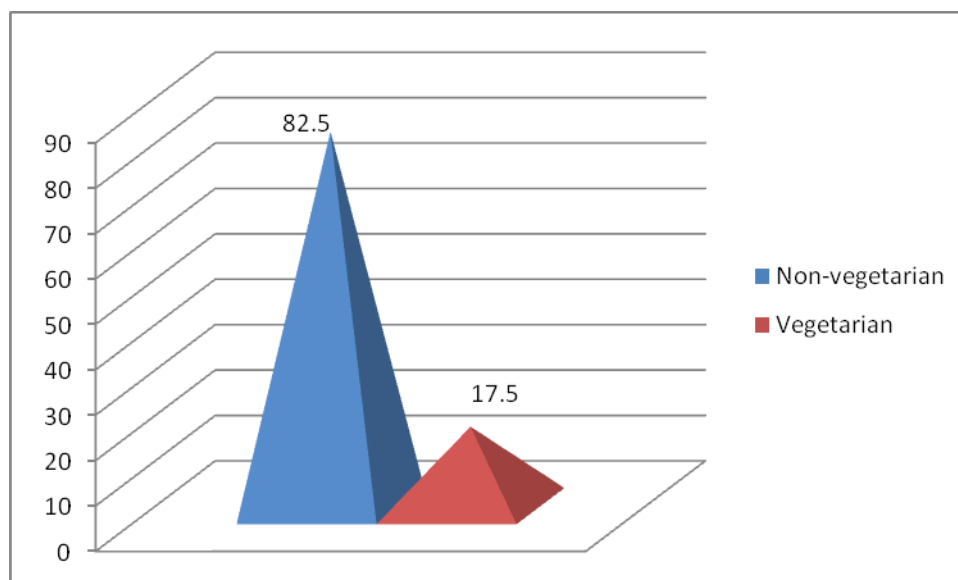


Out of 20 cases had the ailment in Koothir Kaalam.

### DIET HABITS

TYPE OF DIET	NO. OF MEMBERS	PERCENTAGE
Non-vegetarian	33	82.5
Vegetarian	7	17.5

### DIET HABITS

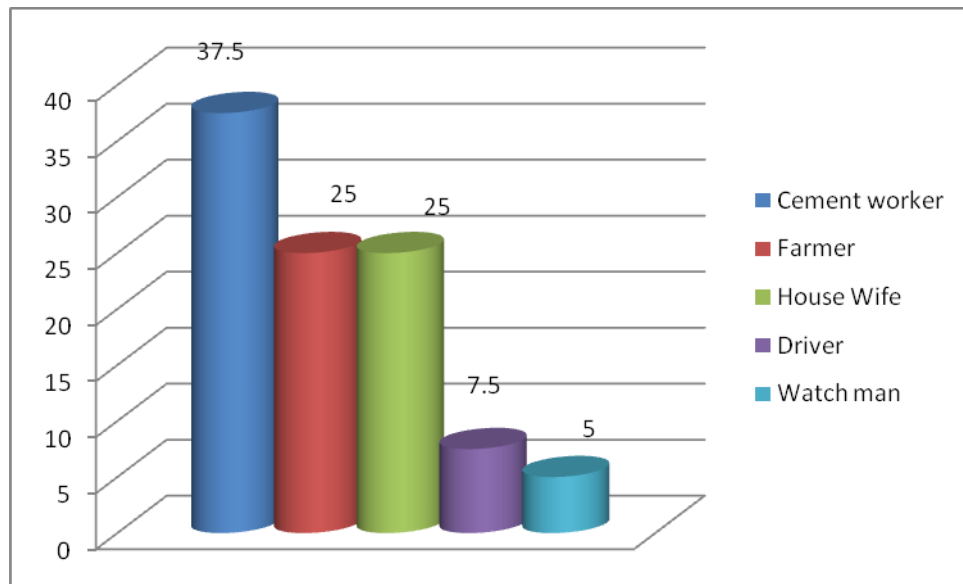


33 cases were non-vegetarian,

### OCCUPATON

TYPE OF WORK	NO. OF MEMBERS	PERCENTAGE
Cement worker	15	37.5
Farmer	10	25
House Wife	10	25
Driver	3	7.5
Watch man	2	5

## OCCUPATON



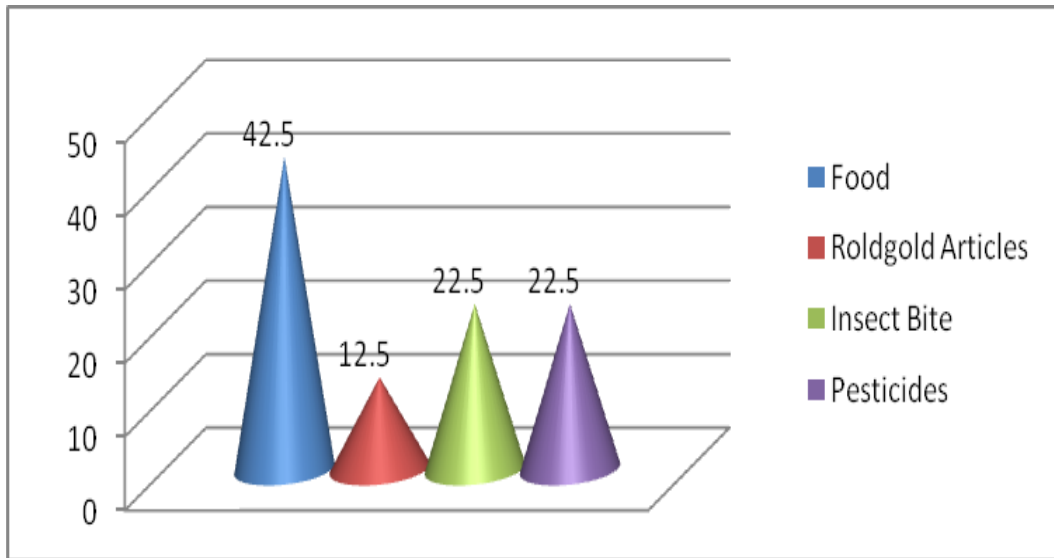
People working with cement for long years are more affected.

Next, Farmers who work with pesticides are identified.

## HISTORY OF PREVIOUS ALLERGIES

ALLERGIC TO	NO. OF MEMBERS	PERCENTAGE
Food	17	42.5
Roldgold Articles	5	12.5
Insect Bite	9	22.5
Pesticides	9	22.5

## HISTORY OF PREVIOUS ALLERGIES

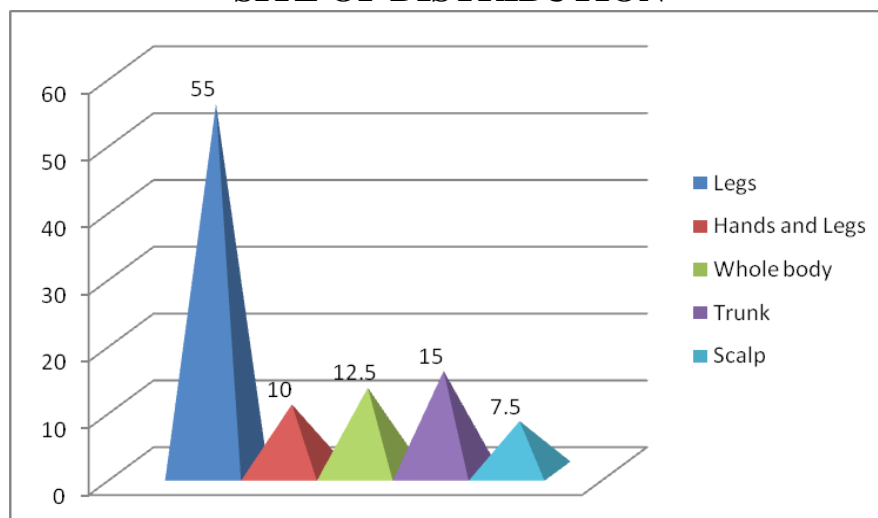


Food is found to be more allergic.

## SITE OF DISTRIBUTION

SITE OF LESION	NO. OF MEMBERS	PERCENTAGE
Legs	22	55
Hands and Legs	4	10
Whole body	5	12.5
Trunk	6	15
Scalp	3	7.5

## SITE OF DISTRIBUTION

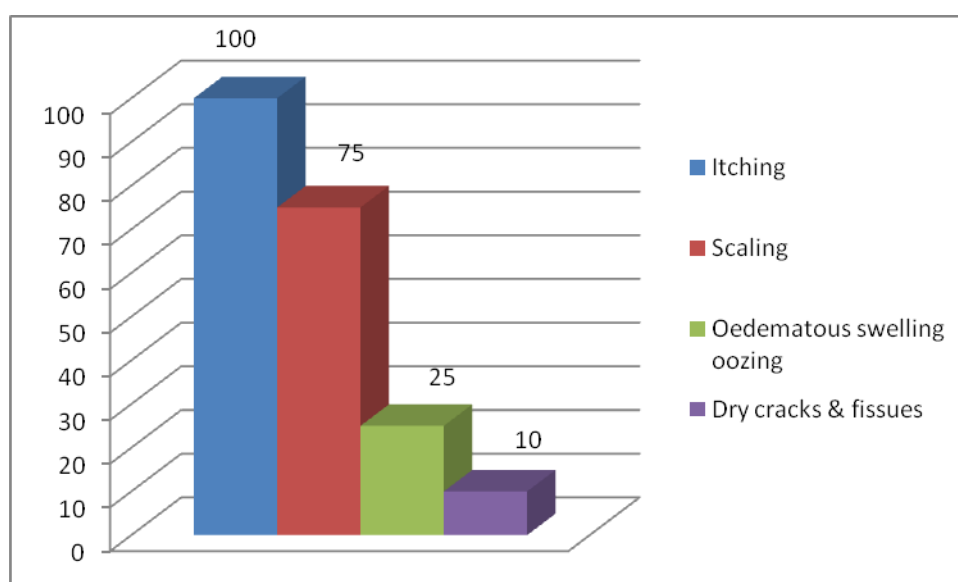


Leg is affected in the disease more than the other regions.

### CLINICAL FEATURES

CLINICAL SYMPTOMS	NO OF MEMBERS	PERCENTAGE
Itching	40	100
Scaling	15	75
Oedematous swelling	11	25
Dry cracks & fissures	15	10

### CLINICAL FEATURES



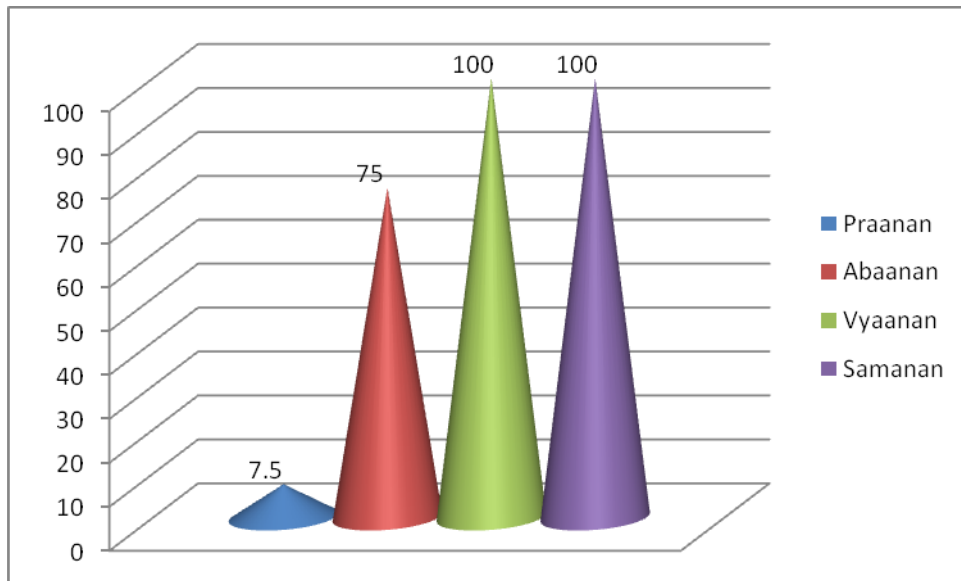
From the patient data, patient presented with symptoms of itching 100%, associated with scaling 75%, wet oozing 25% and with cracks & fissures 15%

### UYIR THAATHUKAL INVOLVEMENT

#### VAADHAM

AFFECTED VAAYU	NO. OF MEMBERS	PERCENTAGE
Praanan	3	7.5
Abaanan	30	75
Vyaanan	40	100
Samanan	40	100

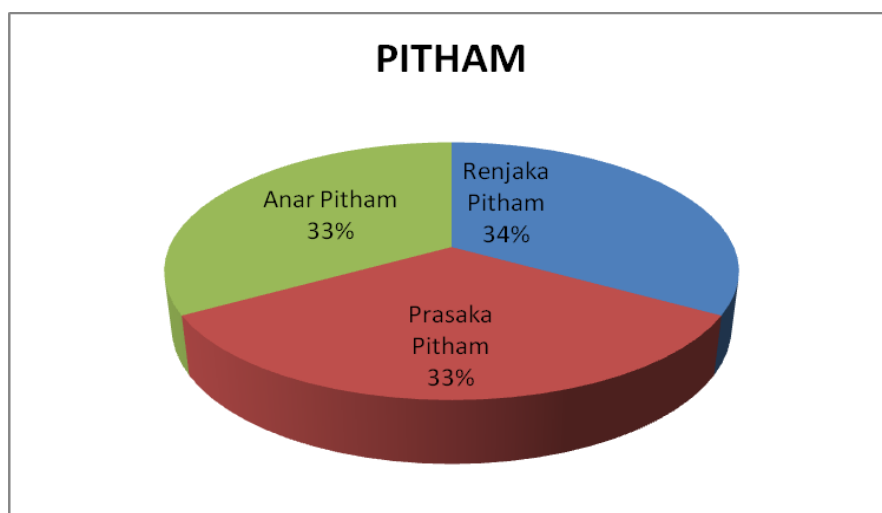
## VAADHAM



40 patients were affected by Samanan and Vyaanan. 30 patients were affected by Abaanan.

## PITHAM

AFFECTED PITHAM	NO. OF MEMBERS	PERCENTAGE
Renjaka Pitham	40	100
Prasaka Pitham	40	100
Anar Pitham	40	100



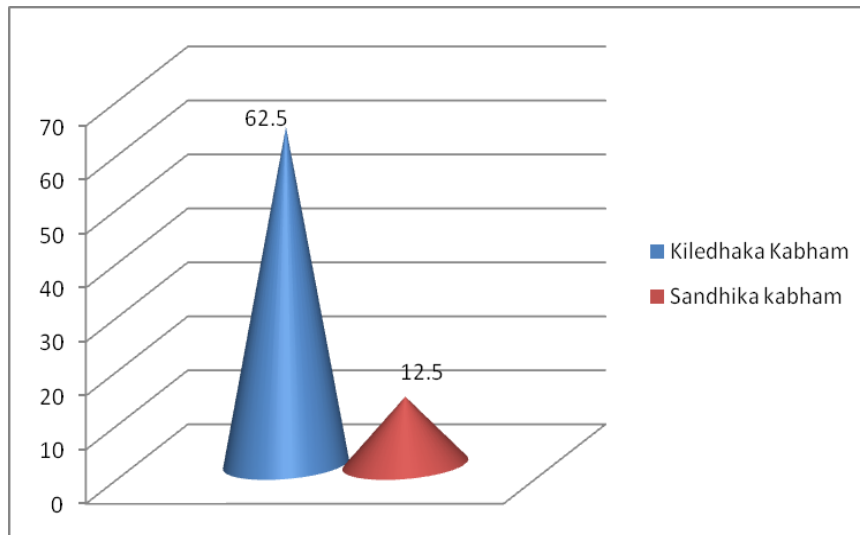
All the 40 patients were affected with Anar Pitham, Renjaka Pitham and Prasaka Pitham.



## KABHAM

TYPE OF KABHAM	NO. OF MEMBERS	PERCENTAGE
Kiledhaka Kabham	25	62.5
Sandhika kabham	5	12.5

## KABHAM

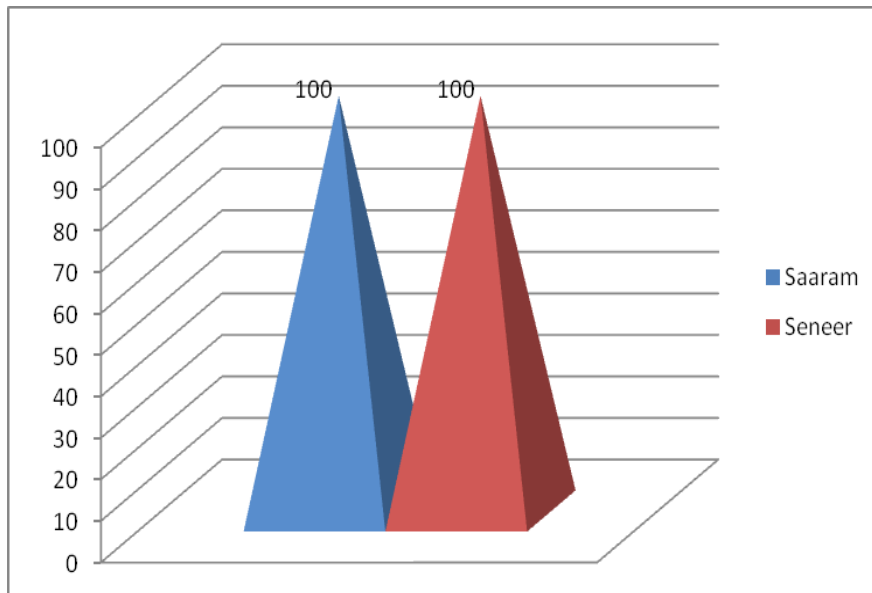


25 cases were affected by Kiledhaka Kabham and 5 cases were affected by Sandika Kabham.

### UDAL THAATHUKAL

UDAL DHAATHU	NO. OF MEMBERS	PERCENTAGE
Saaram	40	100
Seneer	40	100

### UDAL THAATHUKAL



100% cases were affected with Saaram and Seneer derangement.

## ENNVAGAI THERVUGAL

In ancient times, siddhars have used these tools for diagnosis.

“நாடிப்பரிசம் நாநிறம் மொழிவிழி

மலம் முத்திரமிவை மருத்துவராயுதம்”

“மெய்க்குறி நிறந்தொனி விழிநாவிருமலம் கைக்குறி”

➤ தேரையர்

These two versus explains the importance of the eight diagnostic tools.

1. Naa - tongue
2. Niram - colour complexion
3. Mozhi - voice
4. Vizhi - eye
5. Malam - stools
6. Moothiram - urine
7. Sparism - sense of touch
8. Naadi - pulse

Naa - the simple examination of oral cavity revealing many secretes for diagnosis.

Niram - The Pitha humour's derangement is highly evaluated through the examination as skin is the swelling place of Prasaka Pitham.

Mozhi - The first easy diagnostic tool for the investigator

Vizhi - The colour changes, lachrymation, acuity of vision everything helps in diagnosis.

Malam - Excretions explains the diagnosis

Moothiram - One of the documented topic nowadays siddha.

Sparisam - Sense of touch explains the diagnosis

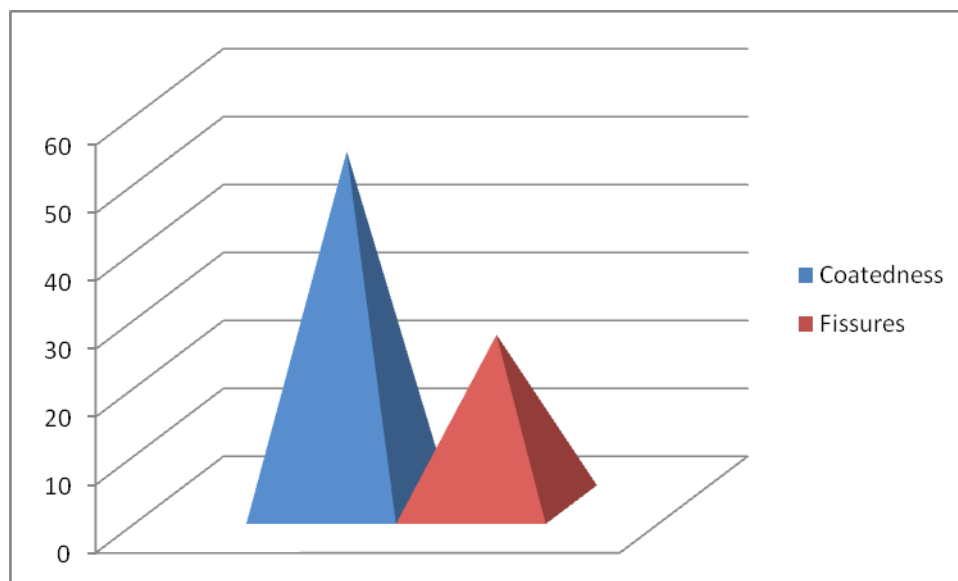
Naadi - The extreme powerful unbeatable diagnostic tool ever in siddha medicine.

Their changes have been recorded and an attempt to standardise it clinically has been carried out for the diagnosis of Vaadha Karappan.

### **Naa (Tongue)**

<b>FINDING IN TONGUE</b>	<b>NO. OF PERSONS AFFECTED</b>	<b>%</b>
Coatedness	21	52
Fissures	10	25

### **Naa (Tongue)**



### **Observation**

Coatedness is noted in 21 persons and fissures are present in 10 persons.

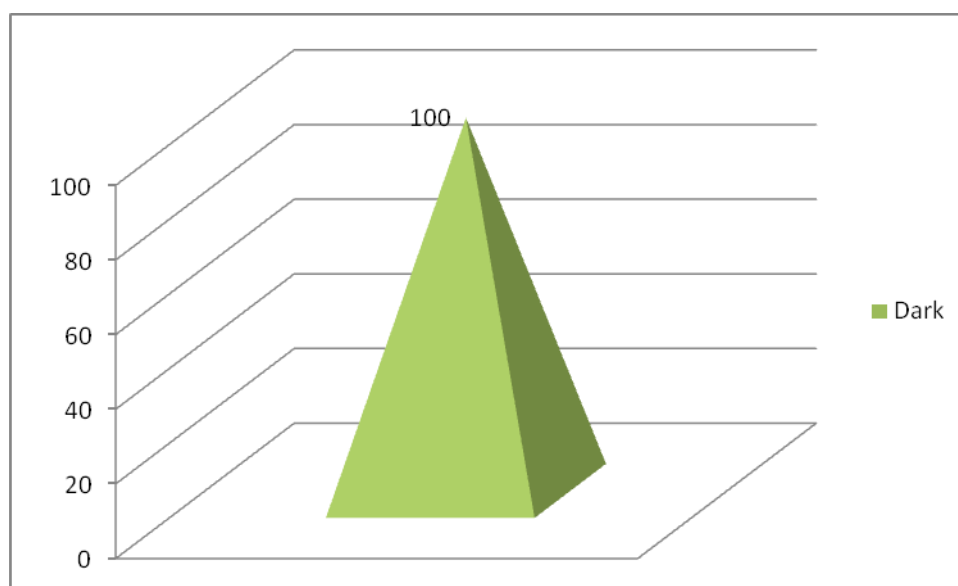
### **Inference**

Coatedness shows the Kabha humour derangement and presence of fissure shows the Vaadha humour derangement.

### Niram (Colour and Complexion)

FINDING IN NIRAM	NO. OF PERSONS AFFECTED	%
Dark	40	100

### Niram (Colour and Complexion)



#### Observation

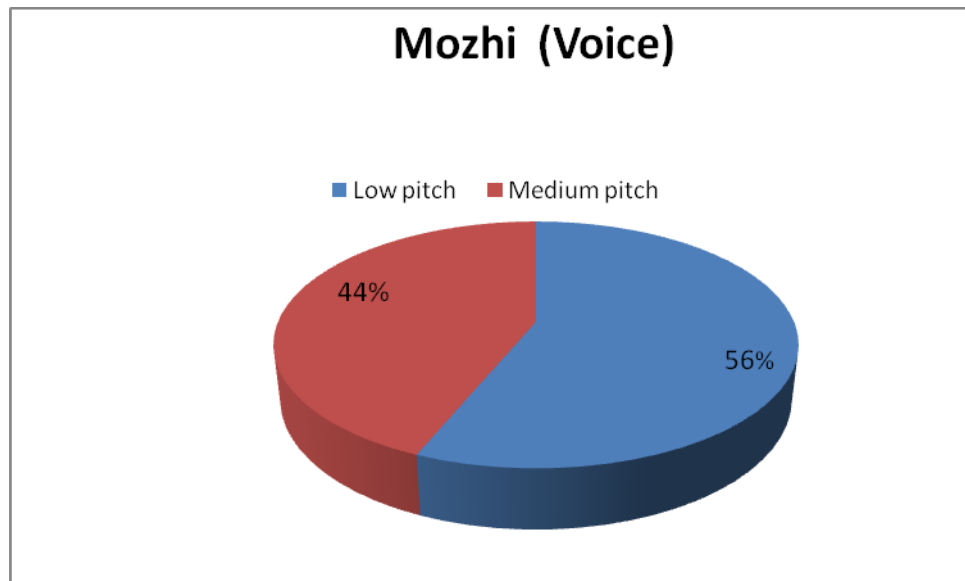
All the patients were dark in colour.

#### Inference

Hyperpigmented and lichenified skin shows increased Vaadha humour.

### Mozhi (Voice)

FINDING IN MOZHI	NO. OF PERSONS AFFECTED	%
Low pitch	18	45
Medium pitch	14	35



### **Observation**

Low pitch was reported in 18 cases and 14 cases had medium pitched voice.

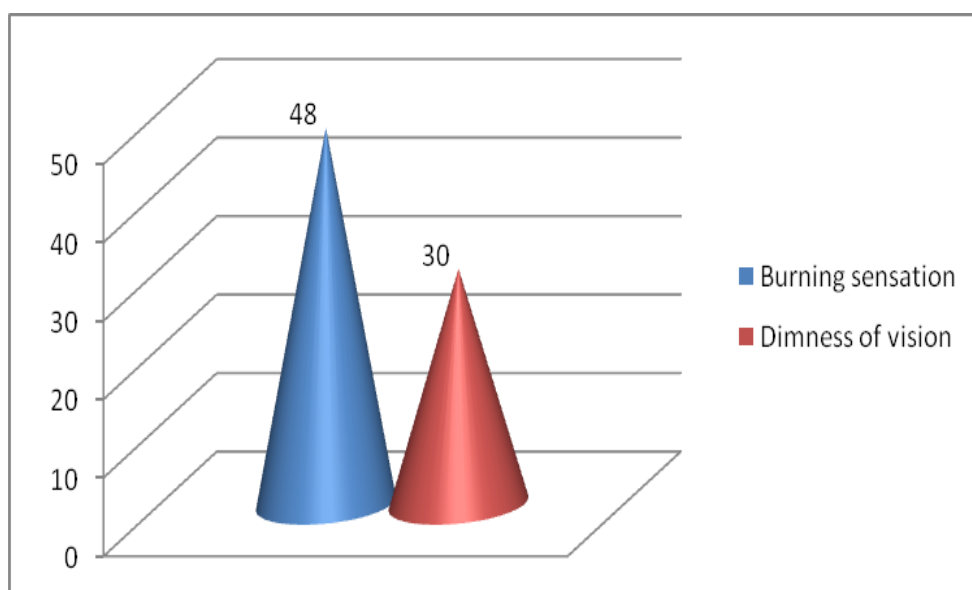
### **Inference**

Low pitched voice is nature of Kabha diseased patient. So this indicates Kabha humour.

### **Vizhi (Eyes)**

<b>FINDING IN VIZHI</b>	<b>NO. OF PERSONS AFFECTED</b>	<b>%</b>
Burning sensation	19	48
Dimness of vision	13	30

### Vizhi (Eyes)



### Observation

48% of the patients were found with burning sensation in both eyes, dimness of vision was found in 30% cases.

### Inference

Burning sensation is due to decreased Kabha humour.

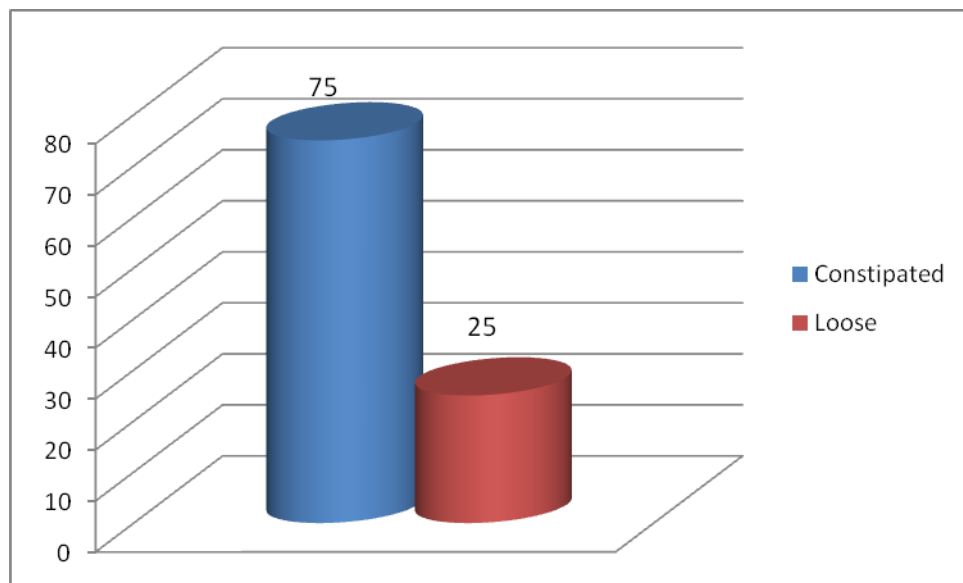
Dimness of vision is due to decreased Pitha humour.

Hence Kabham and Pitha humour is decreased.

### Malam (Stools)

FINDING IN STOOLS	NO. OF PERSONS AFFECTED	%
Constipated	30	75
Loose	10	25

### Malam (Stools)



### Observation

Constipation was found in 75% cases.

### Inference

Constipation is the nature of increased Vaadham. So this shows the increase in Vaadha humour.

### Moothiram (Urine)

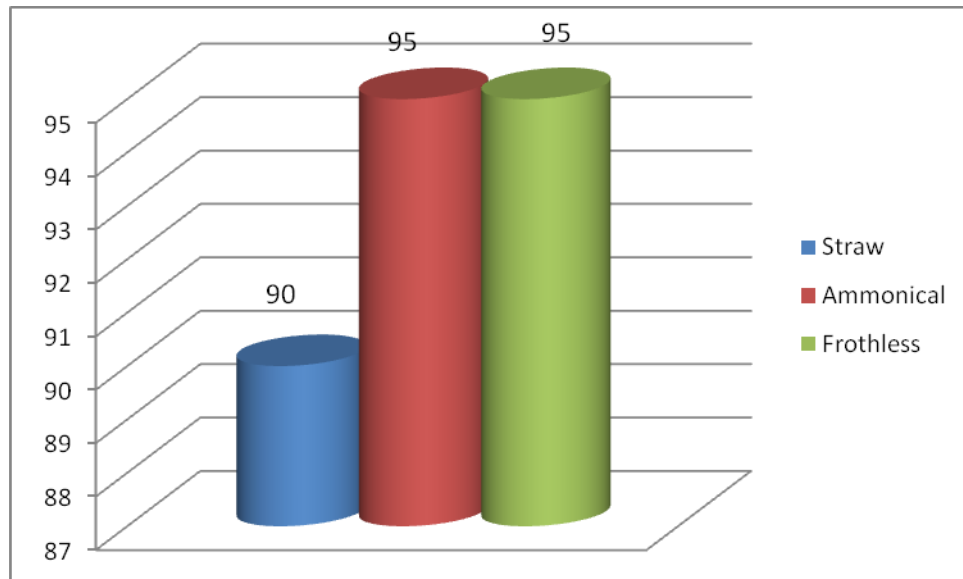
#### Neerkuri

NEERKURI	NO. OF PERSONS AFFECTED	%
Straw	36	90
Ammoniacal odour	37	95
Frothless	37	95



## Moothiram (Urine)

### Neerkuri



### Observation

Neerkuri (physical characters of urine) was 90% normal.

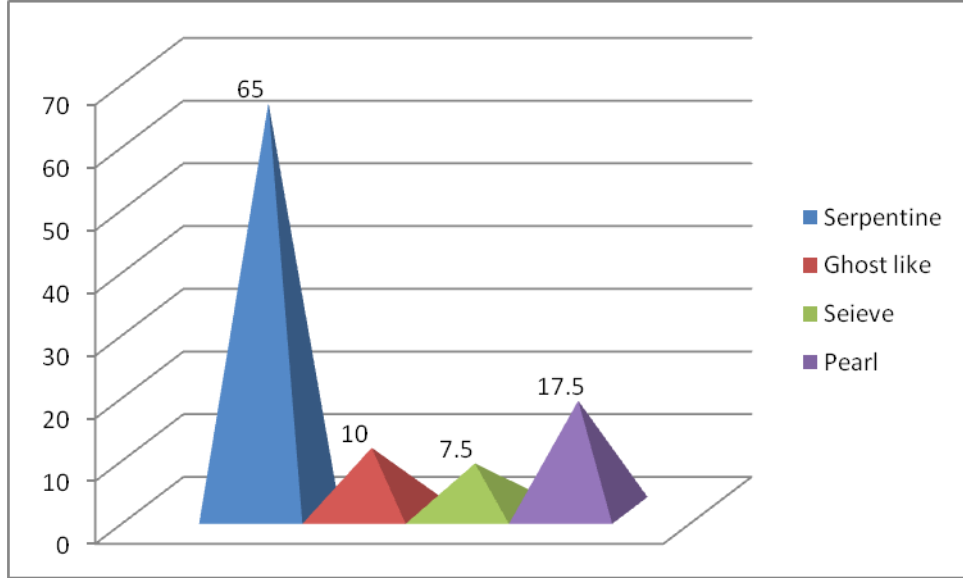
### Inference

Neerkuri did not give clue for diagnosis.

### Neikuri

FINDING IN NEIKURI	NO. OF PERSONS AFFECTED	%
Serpentine	26	65
Ghost like	4	10
Seieve	3	7.5
Pearl	7	17.5

## Neikuri



### Observation

Serpentine fashion was found in 65%, Ghost like spreading was found in 10%, Seieve like fashion was found in 7.5% and Pearl fashion was found in 17.5%

### Inference

Serpentine & Ghost like pattern are due to Pitha derangement in combination with Vaadham.

Seieve and Pearl fashion are due to Kabha humour.

These interpretations are done according the Versus.

“அரவென நீண்டது வாதம்”

Serpentine fashion – Vaadham

“ஆழிப்போல் பரவியது பித்தம்”

Ocean like spreading fashion - Pitham

“முத்தொத்து நின்றது கபம்”

Pearl like fashion – Kabham

“சாற்றிய கபத்தினக்குச்

சல்லடைக் கண்போற் காணும்”

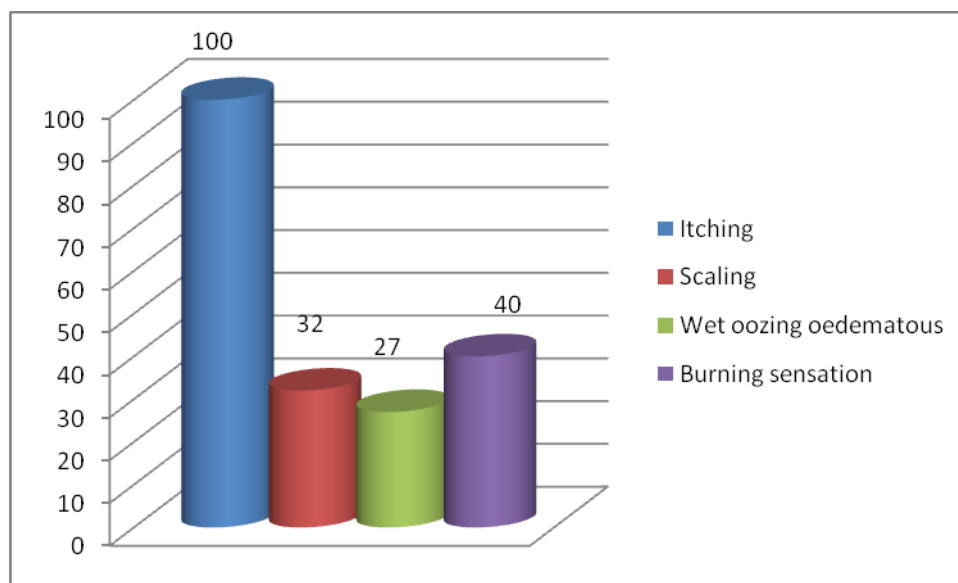
Seieve like fashion – Kabham

From the Neikuri observation, I conclude the presentations are due Pitha Vaadha humour combination and Kabha humour.

### **Sparisam (Touch)**

<b>FINDING IN SKIN</b>	<b>NO. OF PERSONS AFFECTED</b>	<b>%</b>
Itching	40	100
Scaling	15	32
Wet oozing oedematous	11	27
Burning sensation	16	40

### **Sparisam (Touch)**



### **Observation**

Itching is seen 100%, scaling in 32%, Oozing and cracks in 27% and burning sensation in 40%.

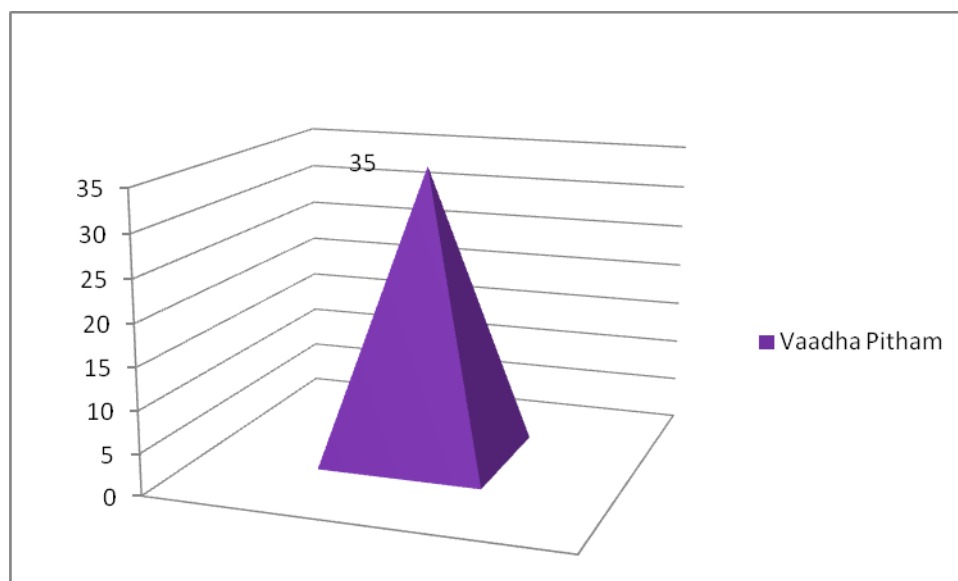
### **Inference**

Itching, burning sensation and scaling (dryness) are due to Vaadha humour. Oozing is due to Kabha humour.

### Naadi (Pulse)

OBSERVED NAADI	NO. OF PERSONS AFFECTED	%
Vaadha Pitham	14	35

### Naadi (Pulse)



### Observation

The remaining cases presented with various combinations such as thani Vaadham in 9 cases, thani Pitham in 4 cases, Vaadha Kabham in 1 case, Pitha Vaadham in 4 cases, Pitha Kabham in 2 cases, Kabha Pitham in 4 cases, Kabha Vaadham in 1 case.

### Inference

The affected Vaadha humour is exhibited through Naadi as Vaadha Pitha Naadi finding.

## INTERPRETATION OF ENNVAGAI THERVUGAL

OP No.	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISAM	NAADI
						NEERKURI	NEIKURI		
45397	C	A	L	BS	H	NA	S	A	VP
45978	F	A	L	D	H	NA	S	A	V
48188	C	A	L	BS	H	NA	S	A	VP
48581	C	A	M	D	H	NA	S	A	VP
48014	F	A	L	BS	H	NA	G	A	KP
49546	C	A	L	D	H	NA	S	A	VP
57021	C	A	L	D	H	NA	S	A	P
53722	C	A	L	BS	H	NA	S	A	V
59258	F	A	M	D	H	NA	S	A	VP
59387	C	A	L	BS	L	NA	G	A	PV
610204	C	A	M	Y	H	NA	S	A	VP
63302	C	A	L	D	L	NA	G	A	VK
67563	F	A	M	BS	H	NA	S	A	VP
67752	C	A	L	BS	H	NA	S	A	V
67775	C	A	M	D	H	NA	S	A	KP
71095	C	A	L	D	H	NA	S	A	VP
73057	C	A	L	BS	L	NA	G	A	KP
71111	F	A	M	D	L	NA	S	A	V
64813	C	A	L	D	H	NA	G	A	P
71077	C	A	M	BS	L	NA	SE	A	VP
70695	C	A	L	D	L	NA	S	A	V
71534	C	A	L	D	H	NA	S	A	VP
72954	F	A	M	BS	L	NA	P	A	K
74381	C	A	M	D	H	NA	SE	A	V
75320	F	A	L	BS	L	NA	P	A	VP
75474	F	A	M	BS	H	NA	S	A	KP
75476	F	A	L	D	L	NA	P	A	VP
75601	C	A	M	BS	L	NA	S	A	V
75720	F	A	M	D	H	NA	S	A	PV
75940	C	A	L	BS	H	NA	SE	A	P
75941	F	A	M	D	H	NA	S	A	VP
86620	C	A	L	BS	H	NA	S	A	V
79240	F	A	L	M	H	NA	P	A	PK
77164	C	A	M	BS	H	NA	S	A	VP
79969	F	A	M	BS	H	NA	P	A	PV
80956	C	A	L	BS	H	NA	S	A	P
81437	F	A	M	M	H	NA	P	A	PK
81429	C	A	L	M	L	NA	S	A	PV
87009	F	A	L	M	L	NA	P	A	KP
88101	C	A	M	M	H	NA	S	A	KV

### Naa

C – Coatedness

F – Fissures

### Niram

A - Dark

### Mozhi

L – Low pitched voice

M – Medium pitched voice

### Malam

H – Hard stools

L – Loose stools

### Moothiram

#### Neerkuri

NA – Not affected

#### Neikuri

S - Serpentine

G – Ghost like

SE – Sieve like

P – Pearl like

#### Sparism

A – Itching, Scaling

### Naadi

VP – Vaadha Pitha

PV – Pitha Vaadha

KP – Kabha Pitha

PK – Pitha Kabham

V - Vaadham

P - Pitham

K - Kabham

## LAB INVESTIGATIONS

OP. NO	TC Cells cu. mm	DC			ESR (mm)		Bio-Chemical Analysis			Urine Analysis			Motion Test	
		P%	L %	E %	½ hr	1 hr	Sugar mgs%	urea mgs%	Cholesterol mgs%	Albumin	Sugar	Departs	OVA	Cyst
45397	7500	65	30	5	32	61	73	21	263	Nil	Nil	-	-	-
45978	8000	58	33	7	20	40	109	31	210	Nil	Nil	-	-	-
48188	11000	55	40	5	18	36	136	35	235	Nil	Nil	-	-	-
48581	8000	52	38	10	20	40	210	23	180	Nil	Nil	-	-	-
48014	9500	65	31	4	30	56	115	25	226	Nil	Nil	1-2 pus cells	-	-
49546	1300	68	26	6	16	36	164	27	173	Nil	Nil	-	-	-
57021	14000	60	36	4	10	24	202	24	181	Nil	Nil	-	-	-
53722	9000	58	34	8	15	28	191	35	165	Nil	Nil	-	-	-
59258	11000	65	37	3	14	24	174	33	155	Nil	Nil	-	-	-
59387	8200	58	34	8	16	30	156	36	149	Nil	Nil	-	-	-
610204	11000	46	52	2	10	18	135	27	220	Nil	Nil	-	-	-
63302	9000	56	41	3	14	18	163	35	230	Nil	Nil	-	-	-
67563	7300	65	37	3	12	18	103	33	246	Nil	Nil	-	-	-
67752	8000	70	25	5	18	24	167	35	173	Nil	Nil	-	-	-
67775	8200	58	33	9	16	32	117	27	153	Nil	Nil	-	-	-
71095	9100	58	35	7	10	15	146	24	109	Nil	Nil	-	-	-
73057	8500	52	28	20	10	20	137	33	210	Nil	Nil	1-2 pus cels		
71111	8300	60	37	3	6	12	110	23	163	Nil	Nil	-		
64813	1100	55	40	5	4	8	124	29	111	Nil	Nil	1-2 pus cels		

71077	9500	70	25	5	4	10	177	37	276	Nil	Nil	-		
70695	10000	66	32	2	4	8	184	24	216	Nil	Nil	-		
71534	9700	68	30	2	5	7	168	20	375	Nil	Nil	1-2 pus cels		
72954	10500	65	37	3	16	30	179	39	216	Nil	Nil	-		
74381	9900	56	40	4	8	16	180	30	147	Nil	Nil	1-2 pus cels		
75320	9500	64	34	2	14	24	103	31	220	Nil	Nil	-	-	-
75474	8500	66	32	2	7	13	229	41	140	Nil	Nil	-	-	-
75476	8300	68	30	2	13	15	127	36	164	Nil	Nil	-	-	-
75601	10100	62	34	4	7	10	135	33	240	Nil	Nil	-	-	-
75720	8600	58	34	8	8	13	117	27	168	Nil	Nil	-	-	-
75940	10000	54	42	4	9	11	210	35	202	Nil	Nil	-	-	-
75941	9300	52	42	6	4	6	111	31	138	Nil	Nil	1-3 pus cells	-	-
86620	8050	50	42	8	9	15	217	41	164	Nil	Nil	-	-	-
79240	9500	70	38	2	3	9	110	45	146	Nil	Nil	-	-	-
77164	8800	66	32	2	45	80	80	63	131	Nil	Nil	1-3 pus cells	-	-
79969	9400	69	21	10	9	17	115	41	180	Nil	Nil	-	-	-
80956	7900	60	36	4	14	30	129	27	229	Nil	Nil	-	-	-
81347	9100	58	34	8	17	25	79	25	182	Nil	Nil	-	-	-
81429	8200	56	41	3	7	9	104	29	120	Nil	Nil	-	-	-
87009	10600	55	40	5	11	17	274	39	178	Nil	Nil	1-2 pus cells	-	-
88101	11000	52	38	10	12	19	110	14	184	Nil	Nil	1-2 pus cells	-	-

There is elevated ESR value in nearly 50% patients.

 HITECH	<b>HITECH DIAGNOSTIC CENTRE</b> Multi Speciality Reference Laboratory		 KIVA An ISO 9001:2008 Certified Organisation									
	<b>Central Lab</b> 1, Millers Road, Kilpauk, Chennai-10. Tel : 4291 9999	<b>CT Scan, LAB &amp; Molecular Diagnostics</b> 13, Dr. Nair Road, T.Nagar, Chennai-17 Tel : 4293 8200										
	Web : www.hitechlabsindia.com											
MYLAPORE 4207 4934	SALIGRAMAM 4554 2183	ANNA NAGAR 4261 2741	TAMBARAM 4315 9190	WASHERMENPET 4204 9452	MKB NAGAR 2552 0015	AMBATTUR 4208 6905	PERAVALLUR 4278 9603	VILLIVAKKAM 4355 4801	TRIPPLICANE 4351 8505	ADYAR 4558 7973	MADIPAKKAM 2247 5071	PALAVAKKAM 2451 4291

Patient : P0019647 Mr. KANAGASABAPATHY (60/M)

SID.No. : 006403

SID Date : 09/10/2012

Branch : PALAYAMKOTTAI

Reg Time : 17:02:17

Referrer : GOVERNMENT SIDDHA HOSPITAL.

Rpt Date : 10/10/2012

Address :  
PALAYAMKOTTAI  
TIRUNELVELI

Rpt Time : 18:07:04

Page # : 1

Final Report

Source : DR.A.VASUKI DEVI,M.D., ( S )

Test	Result	Reference Value
Sample collected and sent		
TEST REPORT		

**BLOOD - IMMUNOLOGY**

IGE

: 83.72 IU/ml

Method : ECLIA

0 - 1 Year : 0.0 - 15 IU/ml  
 1 - 5 Years : 0.0 - 60 IU/ml  
 6 - 9 Years : 0.0 - 90 IU/ml  
 10 - 15 Years : 0.0 - 200 IU/ml  
 15 Years & Above : 0.0 - 100 IU/ml

DR.SP.GANESAN. MBBS.,DCP.,

\* End Of Report \*

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## REPORT

**NAME** : MISS HELEN DAVID (17Y/F)  
**REF. BY** : JAYDEE LAB  
**TEST ASKED** : TIGE

**DATE** : 25 Oct 2012  
**LABCODE** : 251014963/TAM62  
**BARCODE** : 18640881/ILS

TEST NAME	METHOD	VALUE	UNITS
TOTAL IgE (TIGE)	C.L.I.A	137.9	IU/ml

### Reference Range :-

Age	Value
0 - 1 Month	< 1.5
1 Month - 1 Year	< 15
1 - 5 Years	< 60
6 - 9 Years	< 90
10 - 15 Years	< 200
Adults	< 100

### Clinical significance:

Quantitative measurement of serum IgE when integrated with other clinical indicator, can provide useful information for the differential clinical diagnosis of Atopic and Non-Atopic disease. Patients with Atopic disease, including allergic asthma, allergic rhinitis and Atopic dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level that is within the range of normally expected values does not rule out a limited set of IgE allergy. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

### Specifications:

Precision: Intra assay (%CV): 3.1%, Inter assay (%CV): 4.3%; Sensitivity: 1.5 iu/ml

### External quality control program participation:

College of American pathologists: Immunology survey; CAP number: 7193855-01

### Kit validation references

Kjellman N-IM, Johansson SGO, Roth A. Serum IgE levels in healthy children by a sandwich technique. (Prist). Clin Allergy 1976; 6:51-9.

### Please correlate with clinical conditions.

**Technology** : Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay

~~ End of report ~~

**Sample Collected on (SCT)** : 25 Oct 2012 08:50  
**Sample Received on (SRT)** : 25 Oct 2012 23:54  
**Report Released on (RRT)** : 26 Oct 2012 04:59  
**Sample Type** : SERUM  
**Collected at (SCP)** : TUTICORIN DIAGNOSTIC CENTRE

  
Dr. Suhas Sakhare MD

  
Dr. Caesar Sengupta MD

## NOI KANIPPU VIVATHAM

### Pitha Karappan

“தானாக் கண்தாங்கி நெடுவு உந்தி  
தளர்ந்துமெ உட்கரந்து வெதுப்புண்டாகும்  
தானாகக் கிறுகிறுக்கு முடலஞ் சோரும்  
சொரிந்துமே உடம்பு மஞ்சளிக்கும்  
வேனாக வன்னத்தை இறங்கொட்டாது  
மிடுக்கான தீபம்ந்தித்துப் போகும்  
பேனாக ஊருவது போலக் காணும்  
பித்தகர்ப் பான்குணத்தின் பெற்றி யாமே”

- Mild temperature rise in the body
- Yellowish discolouration of the body
- General lassitude
- Giddiness
- Poor appetite
- Refusal to take food
- Pruritis over the body

### Pitha Karappan

All the clinical features are due to deranged Pitha humour in the Pitha area (stomach).

## Kanda Karappan

“தளிராகச் சிரமெங்கு மிகக் கனத்துத்

தலை காது மண்டையெல்லாந் தடித்து நோகும்

தளிராக வருத்தவிக்கும் நாத்தடிக்கும்

நலமான உடம்புதனிற் சொறியுமாகும்

குளிராகக் குளுந்துமே மயிர்க் கூச்சாகும்

கூப்பிட்டால் மிகப்பயங்குங் கூசங் கண்தான்

களிராக முட்போலக் கண்டந் தன்னில்

கறகறக்கும் கண்டகமாங் கரப்பா னாமே”

- Chillness over the body
- Body pain
- Swelling a thickened mass near the throat region
- Inability to bear the chillness
- Itching
- Goose flush
- Hoarseness of voice

The mass in the throat region, hoarseness of voice, inability to bear the chillness are due to increased Kabha humour.

As both the conditions did not show any inflammatory skin reactions, it is very well differentiated from Vaadha Karappan.

# **SUMMARY AND DISCUSSION**

## **SUMMARY**

- Vaadha Karppan is one of the seven types of Karappan as in Siddhar Yugi Munivar's text.
- The disease Vaadha Karppan is characterised by continuous boring pain of the body, wet oedematous swelling of the skin with weeping pustules, dry cracked fissures of the skin on later stages.
- The author has reviewed the literature for definition aetiology, classification of Vaadha Karappan from various texts.
- The author has given embryogenesis, Anatomy and Physiology of skin in Siddha for better understanding of the disease.
- The three humour involvement in physiology of skin
- The connection between kosham and skin has been found.
- The aetiology Karappan Pandangal has been evaluated in Siddha and Modern Science.
- The aetiopathogenesis, Pathogenesis of the disease in the context of Udal Thaathukal and Uyir Thaathukkal has been discussed.
- The actual explanation of Karappan and Kuttam in siddha has been studied.
- Ennvagai Thervugal examination has been done and their interpretations has been done to find its role in diagnosing the disease.

## **DISCUSSION**

### **Interpretation of the disease**

Siddhar's have classified diseases according to the deranged humour. In such a way, Vaadha Karappan disease shows all the features of Vaadha humour derangement.

### **Interpretation of Aetiology**

The aetiology for the disease is well said in the versus. The correlation of aetiology to the precipitation of disease is well understood from aetiology of Karappan. There is no evidence of unknown aetiology in siddha science as often modern science says.

### **Interpretation of Aetiopathogenesis**

Psychosocial factors closely affect Manomayakosham and it is the reason for excaerbations which is very often clinically encountered.

The dietary factor has evidently proved for pathogenesis of the disease. For any disease, aetiology helps in understanding the pathogenesis and the proper understanding will help in correct diagnosis. The evaluation of the aetiology Karappan Pandangal has alarmed about the disease and thus the disease can be prevented.

### **Interpretation of Clinical findings**

1. Age – affected in the age group of 45 - 55 years
2. Sex – Male sex were affected
3. Occupation – Cases who worked with cement and with pesticides were more affected.
4. Diet – 33 cases were non-vegetarians
5. Seasonal variation – were affected in Koothirkaalam
6. Allergic History – Food was found allergic.

## **Interpretation of Siddha Parameters**

### **Interpretation of Uyir Thaathukal**

Samanan, Vyaanan, and Abaanan are affected in 100%.

Anar Pitham, Renjaka Pitham, Prasaka Pitham are affected in 100%.

Kiledhaga Kabham affected in 62.5%

Sandhika Kabham affected in 12.5%

### **Interpretation of Udal Thaathukal**

Saaram and senneer are affected in 100% of cases.

### **Interpretation of Ennvagai Thervugal**

Naa – Coatedness - Kabha humour

Fissures – Vaadha humour

Niram - Dark colour - increased Vaadha humour.

Mozhi - Low pitched voice – Kabha humour

Vizhi - Burning sensation – decreased Kabha humour

Dimness of vision – decreased Pitha humour

Malam - Constipated stools – increased Vaadha humour

Moothiram - Serpentine fashion – Pitha Vaadha humour

Sparisam - Itching, scaling - increased Vaadha humour  
burning sensation

Naadi - Vaadha Pitha Naadi – Vaadha humour

Thus, Ennvagai thervugal examination has helped the author in identifying the deranged humour behind the disease.

### **Interpretation of allied parameters**

Total WBC - Normal

Differential count - Normal

ESR - increased in 77.5% patients.

Increased IgE values were seen in 30 patients.

## CONCLUSION

- The disease Vaadha Karappan highly an allergic skin disease differs from other infectious Karappan disease. The disease can be purely clinically diagnosed.
- Ennvagai Thervugal examination has helped in identifying the deranged humour of the disease. All the observations should be finalised with clinical correlation and then perfect diagnosis can be made.
- The aetiology of the disease is well known and so the Karappan Pandangal can be avoided to prevent the disease.
- Vaadha Karappan in Modern Science may be correlated to eczema, as it is the allergic skin disease in Modern Science.
- The author likes to conclude that the Ennvagai thervugal examination has helped for identifying the deranged humour in Vaadha Karappan.
- And the Ennvagai Thervugal on further clinical evaluation, can be made a cost effective diagnostic tool of siddha in upcoming years.



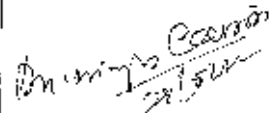
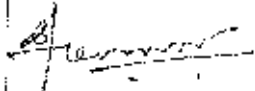
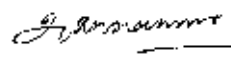
# GOVERNMENT SIDDHA MEDICAL COLLEGE

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## SCREENING COMMITTEE

Candidate Reg no: 32103009

This is to certify that the dissertation topic "A Study on diagnostic methodology of VAADHA KARAPPAAN in the context of Ennavai thervugal" have been approved by Screening Committee.

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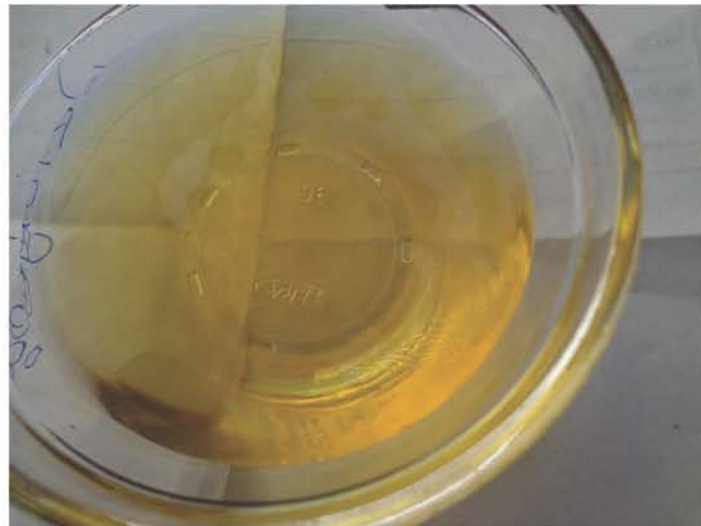
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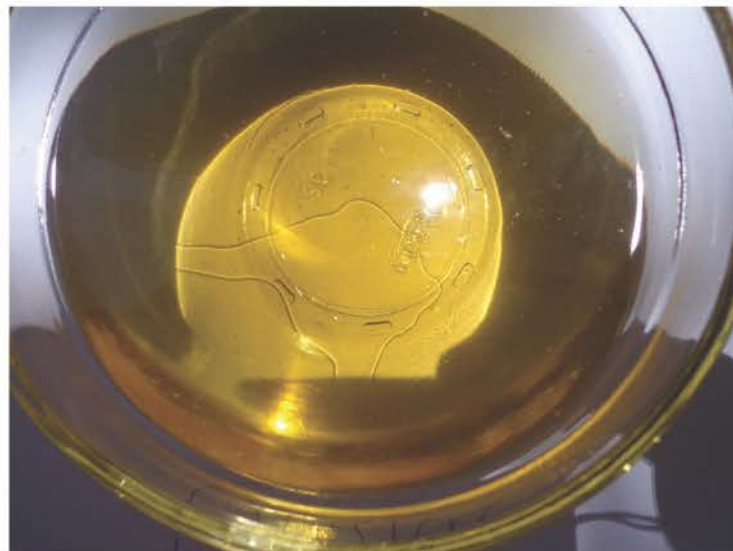


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